

GLENN COUNTY

CHILDREN AND FAMILIES COMMISSION

STRATEGIC PLAN



November 2000

**Glenn County Children and Families Commission
Glenn County Health Services
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The Commission would like to thank all of the people and organizations that participated in the planning process. The ideas and information contributed were invaluable to the development of the strategic plan. Over 200 Parents, Service Providers and Community members participated by attending focus groups, completing surveys or providing feedback. Additionally, a number of partners provided valuable feedback, data and insight. These participants in the Planning process were:

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Special gratitude is extended to the Department of Health Services, as well as Carole Owens and Marilyn Baker, who provided invaluable assistance and support throughout the planning process.

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Guidance and staff support for all phases of the strategic planning process was supplied by Social Entrepreneurs, Inc., a consulting firm specializing in human services. Mike Smith, Kelly Crosbie and Sarah Longaker from SEI each played a role in the development of this plan.

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Table of Contents

| | |
|---|-------------------|
| <i>Executive Summary</i> | <i>1</i> |
| <i>Background: Proposition 10 and the Children and Families Commission</i> | <i>12</i> |
| <i>Proposition 10 – The Children and Families Act of 1998</i> | <i>12</i> |
| <i>The Importance of Early Childhood Development</i> | <i>12</i> |
| <i>The Glenn County Children and Families Commission</i> | <i>13</i> |
| <i>The Strategic Planning Process</i> | <i>17</i> |
| <i>Overview of Strategic Planning</i> | <i>17</i> |
| <i>The Glenn County Planning Process</i> | <i>18</i> |
| <i>Community Profile, Needs, and Resources</i> | <i>21</i> |
| <i>Overview of Glenn County</i> | <i>21</i> |
| <i>Strategic Results, Goals and Objectives</i> | <i>30</i> |
| <i>Strategies and Community Partnerships</i> | <i>33</i> |
| <i>Evaluation of Results</i> | <i>49</i> |
| <i>Evaluation Methodology</i> | <i>49</i> |
| <i>Performance Indicators</i> | <i>50</i> |
| <i>Implementation of the Evaluation Plan</i> | <i>55</i> |
| <i>Resource Allocation</i> | <i>57</i> |
| <i>Allocation Guidelines</i> | <i>57</i> |
| <i>Allocation Process</i> | <i>58</i> |
| <i>First Year Budget</i> | <i>60</i> |
| <i>Conclusion</i> | <i>63</i> |
| <i>Appendix 1: Children and Families Act of 1998</i> | <i>I-1</i> |

Appendix 2: Community Assessment Results_____II-1

Appendix 3: Chronology of Planning Activities_____III-1

Appendix 4: Data Sources Used in the Report_____IV-1

Appendix 5: Parent Survey Results_____V-1

Appendix 6: Provider Survey Results_____VI-1

Glenn County Children and Families Commission Strategic Plan

EXECUTIVE SUMMARY

In 1998, the California Children and Families Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products in order to provide the funds to create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5. Glenn County will receive approximately \$300,000 a year from these funds. In order to access these monies, the county must adopt a strategic plan that shows how Proposition 10 funding will be used to promote a comprehensive and integrated system of early childhood development services.

The Glenn County Children and Families Commission (referred to as simply “the Commission” throughout) was created in 1999 to evaluate the current and projected needs of young children and their families, develop a strategic plan that describes how the community needs will be addressed, determine how to expend local monies available from the state Children and Families Trust Fund, and evaluate the effectiveness of programs and activities funded in accordance with the strategic plan.

The mission of the Commission is:

The Glenn County Children and Families Commission is committed to providing and/or enhancing quality services for all Glenn County children (prenatal to age five) and their families through a comprehensive, integrated and accessible system of early childhood development services.

The vision of the future the Commission is working to create is:

Children in Glenn County will thrive in supportive, nurturing and loving families and communities and be positively prepared to enter school to become productive well-adjusted members of society.

This document represents the first strategic plan adopted by the Commission, culminating eight months of work by many dedicated members of the community. A total of 21 public meetings were held throughout the planning process, welcoming input and involvement from all members of the community who wished to participate. The planning process consisted of three major phases:

1. ***Assessment of Community Needs and Assets.*** This phase defined the needs of children prenatal to age five and their parents, the services and other community assets currently available to address those needs, gaps between needs and resources, and the desires of parents regarding what the Commission could do to best support their young children. Three town meetings were held throughout the county, complemented by a survey of parents, a separate survey of service providers, and compilation of pre-existing reports and studies.
2. ***Strategic Plan Development.*** In this phase, a series of decisions were made regarding what specific goals (results) are sought for the County, how those goals will be achieved, how progress will be evaluated, and how funds will be expended. Other parents and service providers participated on an Advisory Council to help formulate the strategies or specific actions to be taken during the next two years. The output of this phase was a first draft of a comprehensive, countywide strategic plan for early childhood development.
3. ***Public Review and Submission.*** The draft strategic plan was made available to the public in printed form and through the county's web site. A public hearing was held to gather input from the community on the proposed plan, leading to the adoption of an amended plan that was submitted to the state-level California Children and Families Commission as required by law.

Data

The following is a sample of findings that resulted from the community assessment process:

- ✓ The county's population-to-primary-care-physician ratio of 2,441 to 1 is over double the national guidelines. Very few specialists, such as pediatricians or obstetricians, practice in the county. No local low-cost options exist for medical care during off-hours or on weekends. Lack of reliable transportation presents a huge barrier for many people attempting to access those services that are available.
- ✓ The county ranks 51 out of 58 counties in the percentage of 3rd graders who are reading at or above the national average.
- ✓ Skill development and vocational training was listed by 23 parents as a challenge or problem for their children, while 26 said that jobs/unemployment and low income jobs were issues affecting them as a parent. It is interesting to note that while some parents identify their skill level as an issue for them as a parent, others identify it as an issue for their children because of the difficulty they experience in attaining a living wage and therefore supporting their family.
- ✓ The unemployment rate is consistently high, averaging 13.5% during 1998, and spiking during some months based upon agricultural seasons.
- ✓ A high rate of poverty exists among families. In 1995, 29% of children age 0 to 4 were living below the poverty level.

- ✓ The county enjoys a low crime rate, particularly with a rate of violent crime that is less than half the state average.
- ✓ 35 respondents (24%) to the parent survey stated that access to affordable child care was one of the biggest challenges affecting the well-being of young children. Specific barriers to child care access consistently identified included not enough child care slots available (specifically for infants/toddlers), and no special needs services.
- ✓ Few or no options exist for parents who need child care in early morning or evening hours, care for sick children, or temporary/drop-in care that would allow the parents to access other services.
- ✓ The cost of care is prohibitive for many parents who do not qualify for subsidies or programs like Head Start.
- ✓ The Hmong and Spanish speaking populations pose some unique issues for the county to consider when allocating resources.
- ✓ Thirty-two of 158 respondents said that the need for more recreational programs and extra curricular activities are a big challenge affecting the well being of their children.
- ✓ Transportation is a huge barrier for many people to gain access to services and employment. There are 20.3 persons per square mile in Glenn County compared to the state average of 217 persons per square mile.
- ✓ Early screening for and assessment of disabilities/special needs was identified as an unmet community need in town meetings and parent surveys.

These findings clearly show that while Glenn County is among the safest in the state (crime rate less than half the state average), the human condition that results in healthy and thriving children and families is among the worst in the state. By improving circumstances which impact the human condition, all members of the community benefit and are safer.

In summary, a number of needs have been identified that if addressed, would improve the condition for children and families in Glenn County:

- ✓ Health care providers: Needs have been identified for more primary care physicians and more access to specialists (particularly pediatricians and obstetricians/gynecologists).
- ✓ Health care facilities: A need exists for urgent care specialists and services or other means of accessing care for immediate health needs during after-hour and weekend periods when other health care facilities are closed.
- ✓ Dental care for children: The number of dentists who accept children, and especially those who accept Medi-Cal or Healthy Families coverage and have bilingual capabilities in their office, is extremely low and not close to meeting the level of need.
- ✓ Infant care: Infant care is barely available in the county.

- ✓ General child care capacity: The total number of child care slots is far below the number that is needed, whether viewing just the needs of the 0-5 age group or all children.
- ✓ Child care flexibility: Virtually all child care services that are available are limited to standard hours, such as 7:30 a.m. – 5:30 p.m. Very few options exist for off-hour care and almost no options exist for drop-in care or care for sick children.
- ✓ Preschools/early childhood education facilities: The number and location of preschools is much less than the need for quality early childhood education programs for children age 3-5. Most existing preschools, such as Head Start, are limited to families meeting income guidelines and exclude the majority of the population of the county. Services for children ages 0-3 is a tremendous need as well.
- ✓ Parent education services: The number of parents receiving parenting classes each year is far below the potential number of parents, especially given the high level of interest in parenting skill development that has been expressed among respondents to multiple recent surveys.
- ✓ Transportation: The overall availability of transportation and quality of service is far below the need, particularly when it is combined as a barrier to accessing existing services.
- ✓ Parks and recreation programs and facilities: The existing parks and recreation facilities and programs do not appear to be meeting the needs of families with young children in terms of the number of areas, equipment provided, or access to activities, in part because of the transportation and cost associated with available programs.

A positive note is that in each instance, some levels of services are already available. This provides a base of infrastructure to build upon rather than having to develop entire new systems of services from the ground up. In addition, there are a number of areas where community consensus exists about needs, therefore paving the way for solution based interventions to make a real difference.

Gaps in the Overall Service Delivery System

Several issues should be highlighted that speak to the completeness and effectiveness of the overall system of services targeted to (or serving) young children and their families:

- The county operates virtually all services that exist in Glenn County itself. There are no social service nonprofit organizations and no community foundations within the county. This is not a problem per se, but creates a concern over excess reliance on state and federal funding, county budget decisions, and other factors.
- Many services are centralized in Willows or located outside the county in Chico. Limited services are available in Orland and Hamilton City, and virtually no services are available in other communities even on an occasional outreach basis. Given the difficulties with transportation, child care and other needs, the current structure effectively cuts off access to services for certain families in all but emergency situations.

- State and federal regulations that limit their access to low-income persons or persons who meet other types of strict eligibility guidelines govern most existing services. Families that do not meet these guidelines and yet do not have large incomes are often unable to access many types of services. A number of parent survey respondents indicated that eligibility was a barrier to receiving services.
- People need more information about services that are available and assistance in gaining access to those services. Information must be communicated in a manner and language that speaks to specific populations. Access can include transportation and child care to allow utilization of services.

Following an analysis of the information gathered from the community assessment process, the planning process identified nine long-range goals that will be pursued to enhance the early growth experiences of children, grouped into four overarching strategic result areas.

For each goal, short-term objectives were developed to show what results would be sought during the next two years, along with a set of strategies or actions to be implemented in order to achieve each objective.

An abbreviated format of the strategic results, goals, objectives and strategies is contained in the table which follows. It should be noted that many strategies will have a positive impact on multiple objectives, not just the objective where the strategy is listed. A complete listing of selected strategies is included later in this plan.

| Goals | Objectives | Strategies |
|--|--|--|
| STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES | | |
| 1.1 Every family is self-reliant and earning a living wage, thereby reducing economic pressures on the family. | 1.1.1 Families have increased access to further education and services that enhance their financial resources. | <ul style="list-style-type: none"> ◆ Provide and/or support public awareness activities that promote the need for financial education as a part of family self-reliance. ◆ Promote culturally diverse financial education activities/programs that reach families in their homes, neighborhoods or through expanded hours of service. ◆ Support the expansion and partnering of existing outreach and education programs. ◆ Support Glenn County economic development activities that create jobs. |

| Goals | Objectives | Strategies |
|---|--|---|
| <p>1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children.</p> | <p>1.2.1 Increase in the percentage of children raised in loving, informed, stable and empowered families.</p> <p>1.2.2 Families and caregivers have increased knowledge, skills and confidence in their ability to successfully raise and nurture children.</p> | <ul style="list-style-type: none"> ◆ Expand and support outreach and home visiting programs. ◆ Promote and support parenting education activities. ◆ Partner with local law enforcement and CPS agencies to provide outreach and education materials to families with incidents of domestic violence and/or child abuse. ◆ Develop Prop. 10 Speakers Group to promote message to service groups, local organizations, county and city councils. ◆ Provide program incentives (such as items for children, food vouchers, car seats, strollers, etc), transportation, and personal phone calls / invitations. ◆ Offer single workshops on individual topics for parenting where parents and other caregivers can attend. |
| <p>1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children.</p> | <p>1.2.2 Increase family connection with community and cultural events that broaden children's total development and individual fulfillment.</p> | <ul style="list-style-type: none"> ◆ Enhance library-based programs. ◆ Involve churches in sponsoring family activities and parent support forums. ◆ Provide assistance (information, grants, and other forms of support) in forming and/or sustaining play groups, parent co-ops and other such forums. ◆ Support and promote existing cultural and civic events already in place. ◆ Develop community events that reflect the neighborhood culture and involve parent and civic groups. |

| Goals | Objectives | Strategies |
|--|--|---|
| STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL | | |
| 2.1 Glenn County families have access to appropriate, affordable, quality child care | <p>2.1.1 Increase the quality, quantity and diversity of child care options through programs and/or activities that recruit, train and support caregivers.</p> <p>2.1.2 Remove barriers to child care for families.</p> | <ul style="list-style-type: none"> ♦ Promote Trustline checks for all adults and subsidized CPR/First Aid certification for the designated caregiver in a license exempt home. ♦ Support the advocacy and other activities of the Glenn County Local Child Care Planning Council. ♦ Support the efforts of Glenn County's Local Child Care Planning Council that remove barriers to child care. |
| 2.2 Children come to school ready and able to learn. Ready includes cognitive, physical, emotional and social preparation. | <p>2.2.1 Increase the readiness of children to be in school and ready to learn.</p> <p>2.2.2 Increase access to quality preschools for all children.</p> <p>2.2.3 Children are screened early and tested for sight, dental, hearing, and learning abilities.</p> | <ul style="list-style-type: none"> ♦ Expand home-based programs and outreach efforts that attend to the unique cultural, language and literacy needs of families and caregivers. ♦ Distribute the Parent's Kit developed by the State. ♦ Create partnerships between kindergarten teachers, childcare providers and parents of pre-kindergarten children to promote school readiness. ♦ Pursue a comprehensive approach to distributing information about health needs of children. ♦ Support the expansion of Head Start, Early Head Start, and or state Preschool options within Glenn Co. ♦ Expand home-based programs to provide outreach to educate parents about child health needs (including tobacco information). ♦ Compile results of CHDP exams into computer database; use information to track/follow-up with children who have special needs. ♦ Pursue a comprehensive approach to distributing information about health needs of children, ♦ Expand home-based programs to provide services to meet child health needs. |

| Goals | Objectives | Strategies |
|--|---|--|
| <u>STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN</u> | | |
| 3.1 All children are ensured of being born with the best possible health at birth. | <p>3.1.1 90% of women begin prenatal care in the first trimester.</p> <p>3.1.2 Increase the proportion of children born into families that are smoke free and free of substance abuse.</p> | <ul style="list-style-type: none"> ◆ Support and expand home-visitor program to provide outreach and education. ◆ Provide for and support expansion of existing services to include education and referral services for prenatal care. ◆ Promote workshops/trainings that increase health care education/knowledge. ◆ Expand home-visitor and community education/outreach programs on the health of children. ◆ Support, enhance and/or expand successful programs for prevention and treatment of alcohol, tobacco, and drug abuse/addiction. |
| 3.2 All children are ensured of entering school with the best possible physical and mental health. | <p>3.2.1 Child dental health is promoted and valued for children 0-5 years.</p> <p>3.2.2 All children are medically screened, evaluated and necessary remedial action taken prior to age five.</p> <p>3.2.3 Behavioral and mental health is promoted and valued for children 0-5 years.</p> | <ul style="list-style-type: none"> ◆ Compile results of CHDP exams into computer database; use information to track children who have special needs. ◆ Develop information on dental and screening options for children and promote through posters and/or displays. ◆ Promote workshops/trainings that increase community education/knowledge regarding dental/health care and special needs payer sources. |
| 3.3 Children live and play in safe environments. | 3.3.1 Develop children's talents and increase self esteem by identifying and supporting programs and/or activities that create safer environments for children. | <ul style="list-style-type: none"> ◆ Pursue a comprehensive approach to distributing information about child dental health/and other needs. ◆ Support and promote public education effort about screening resource options for children. increased public awareness, knowledge and understanding about what constitutes child behavioral and mental health. |

| Goals | Objectives | Strategies |
|---|---|---|
| | | <ul style="list-style-type: none"> ◆ Increased numbers of parents/caregivers participating in education activities specific to behavioral and mental health. ◆ Promote Trustline checks for all adults and subsidized CPR/First Aid. ◆ Promote the expansion of supervised activities for children 0-5 years old. |
| STRATEGIC RESULT 4. IMPROVED SYSTEMS: <u>INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES</u> | | |
| 4.1 Ongoing funding exists and is used to support and maintain the programs, initiatives, and activities resulting from Proposition 10 and the Glenn County Children & Families First Commission. | 4.1.1 Leverage Prop. 10 Resources to promote all four Strategic Result areas. | <ul style="list-style-type: none"> ◆ Determine specific set-aside levels for Proposition 10 dollars for purposes of grant matching. |
| 4.2 The Service Delivery System is available, accessible, consumer driven, and consumer focused. | <p>4.2.1 Families will identify their own needs and participate in decision making related to needs and services.</p> <p>4.2.2 Access to existing and proposed services is promoted and barriers of language, eligibility, transportation and illiteracy reduced.</p> <p>4.2.3 Develop and expand the private sector to provide services and increase collaborations.</p> | <ul style="list-style-type: none"> ◆ Educate policy makers about Glenn County residents' needs and rights to these services. ◆ Support programs and activities where families are involved in identifying the services they receive and how they are delivered. ◆ Support systems improvement activities involving family/client evaluations and feedback. ◆ Promote coordinated access to services (i.e., centralized intake, eligibility processes, coordinated case management). ◆ Provide/support public awareness activities that promote existing services. ◆ Support expansion of existing home-visitor programs to reach more families in need of services. |

| Goals | Objectives | Strategies |
|-------|------------|---|
| | | <ul style="list-style-type: none"> ◆ Enhance library-based programs to bring families together and offer family activities and parent education. ◆ Develop Prop. 10 Speakers Group to educate policy makers about Glenn County residents' needs and rights to these services. ◆ Promote the expansion of the existing provider base serving children 0-5 among policy makers. ◆ Promote development and expansion of new and existing partnerships that increase services to children 0-5 years old and their families. |

The intent is for this plan to serve as a global strategic plan for early childhood development services, not as just a "Proposition 10" plan. The efforts of many service providers and community groups must be coordinated in order to implement the plan.

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. Funds will be allocated to various strategies and service providers once a year. Due to the limited amount of funding available and the presence of relatively few service providers in the county, the Commission may not conduct a formal competitive bid or Request For Proposal (RFP) process. The Commission intends to work collaboratively with the various service providers in the County to match funds, coordinate budget decisions, and ultimately use Proposition 10 funding to fill gaps where no other sources of funding are available to support a high priority service or project.

The state-level California Children and Families Commission is working on evaluation methods, data collection instruments and reporting procedures that all counties can use. As of July 2000, a state Evaluation Director had been hired and steps were taken toward making large financial and staff investments into creating a statewide evaluation infrastructure. These efforts are very costly because they require specialized expertise, efficient data collection methods, computer systems to capture and analyze the data produced from the evaluation process, and other types of support.

Since Glenn County has a limited budget to begin with and wants to invest all possible resources into implementing its strategies (i.e. into programs and services that directly benefit children and families), the Commission will wait for the State Commission to conduct its work before completing and implementing its strategic (population level) evaluation methods. This will allow Glenn County to fully leverage the investments being made at the state level and will minimize the amount of local resources required for strategic evaluation activities.

The program-level evaluation framework will be developed and implemented during the period from January through April 2001, as the Commission makes its first round of resource allocation decisions.

Through the wise investment of Proposition 10 funds and dedicated partnership between the Commission, service providers, parents and other community groups, it is possible to create an environment where all children in Glenn County are healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

BACKGROUND: PROPOSITION 10 AND THE CHILDREN AND FAMILIES COMMISSION

Proposition 10 – The Children and Families Act of 1998

In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative, which then became effective on January 1, 1999. The act levies a tax on cigarettes and other tobacco products in order to provide funding for early childhood development programs. The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax will be used for the following purposes:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development;
- Provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early child care and education, and family support services; and
- Educate Californians via a statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Tobacco tax revenues are accumulated in a designated trust fund to meet the needs of children ages prenatal to 5 throughout the state. Almost \$700 million per year is being placed in this trust fund. 80% of these funds are then allocated to the 58 counties of the state according to the live birth rate of each county. The remaining 20% of the money is directed to statewide programs, research, and media campaigns.

The Importance of Early Childhood Development

Young children learn and grow because of the key role their parents or caregivers play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important during the ages birth to five than we once believed. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

During the first three years of a child's life, the early physical architecture of a child's brain is established. Research has proven a number of important points:

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.

- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.
- The brain operates on a “use it or lose it” principle. The child develops many emotional and social abilities by learning to use these skills, upon which successful social functioning is based.
- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.
- Their relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet, affect the way a child’s brain develops.

The early years of a child’s life form the foundation for later development. Attention to young children is a powerful means of preventing future difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated; progress in one area affects progress in the others. This means we must pay attention to all of the needs of children, including:

- Physical development: meeting children’s basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: meeting children’s basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

These early childhood development needs are the basis for Proposition 10, the California Children and Families Act.

The Glenn County Children and Families Commission

Pursuant to the requirements of Proposition 10, the Glenn County Board of Supervisors adopted an ordinance, amended in November 1999, establishing the county's Children and Families Commission. The fundamental reason for the Commission’s existence is articulated in its mission statement:

The Glenn County Children and Families Commission is committed to providing and/or enhancing quality services for all Glenn County children (prenatal to age five) and their families through a comprehensive, integrated and accessible system of early childhood development services.

The vision statement gives a vivid description of the kind of future the Commission is working to create. All of the goals and actions of the Commission are guided by the extent to which they can help turn this vision into a reality.

Children in Glenn County will thrive in supportive, nurturing and loving families and communities and be positively prepared to enter school to become productive well-adjusted members of society.

The Guiding Principles of the Commission were developed to articulate the tenets that would be collectively used to make decisions throughout the planning process. All of the goals and actions of the Commission were guided by these principles.

The Commission will:

Respect the values, opinions, ideas and cultural diversity of others.

Focus on outcomes, and make decisions based on information gathered through on-going assessments.

Be fiscally responsible and publicly accountable to taxpayers, community and all Glenn County children and their families.

Include consumers, existing groups and bodies in decisions and at various levels via outreach linking and networking.

Employ open minded, innovative, risk taking approaches to enhance services and promote strong families.

The Commission is comprised of seven members appointed by the Board of Supervisors. According to state statutes, the Commission must include at least one member of the Board of Supervisors and two other County managers involved in children and family services. The remaining members of the Commission are drawn from community-based organizations and the public at large, with the requirement that such members are either recipients of services included in the strategic plan or representatives of organizations providing designated services (child care, health, family support, education, and other related services) to children and families.

The current members of the Commission are:

*Keith Hansen,
Board of Supervisors*

*Mike Cassetta, Director
Glenn County Health Services*

*Kim Gaghagen, Director
Glenn County Human Resource Agency*

*Dr. Joni Samples, Superintendent
Glenn County Office of Education*

*Maralee Childs
Community Representative*

*Dr. Dennis Galvon, Health Officer
Glenn County Health Services*

*Gloria Valdivia,
Community Representative*

The duties of the Commission include evaluating the current and projected needs of young children and their families, developing a strategic plan that promotes a comprehensive and integrated system of early childhood development services that addresses community needs, determining how to expend local monies available from the state Children and Families Trust Fund, and evaluating the effectiveness of programs and activities funded in accordance with the strategic plan.

A requirement of the state laws governing the Commission is to ensure that money from the Children and Families Trust Fund is not used to replace existing local funding for programs and services. In other words, Proposition 10 funds must be used to increase the level of services available. Appendix 1 to this plan contains the complete wording of the state laws established with the passage of Proposition 10.

Activities sponsored with Proposition 10 funds are expected to focus specifically on children prenatal to age 5 and their families. Further, according to the established state level guidelines, four strategic results should be pursued:

1. **Improved Child Health: Healthy Children.** Children who are healthy in mind, body and spirit grow up confident of their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation, and they live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children beginning life with healthy nutrition and environment.
2. **Improved Child Development: Children Learning and Ready for School.** The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early

childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals has stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.

3. **Improved Family Functioning: Strong Families.** Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes a child's view as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.
4. **Improved Systems: Integrated, Consumer-Oriented, Accessible Services.** Many parents and caregivers with young children have difficulty in accessing existing forms of assistance, much less being able to learn about and utilize new services that are introduced. Proposition 10 therefore included a mandate that strategic plans created by Children and Families Commissions must show how the county will promote integration, linkage and coordination among programs, service providers, revenue resources, professionals, community organizations and residents. Further, services must be available in a culturally competent manner, embracing the differences in cultures and languages within the county. The system of children and family services should also recognize the challenges faced by families whose children have disabilities or other special needs, and work to make services more accessible to these families.

These four strategic results served as the initial basis for Glenn County's strategic planning.

The efforts in Glenn County are greatly supported by the work of the state-level California Children and Families Commission. The State Commission initiates statewide projects and research, sponsors extensive media and public education campaigns, provides technical assistance to the 58 County Commissions, and serves many other valuable roles to benefit children and families throughout the state.

THE STRATEGIC PLANNING PROCESS

This section provides an overview of strategic planning for early childhood development services, followed by a description of the process that was utilized in Glenn County to develop this plan.

Overview of Strategic Planning

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of an endeavor or enterprise for the purpose of optimizing future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate, and to ensure that limited resources (time and capital) are sharply focused in support of that course and direction.

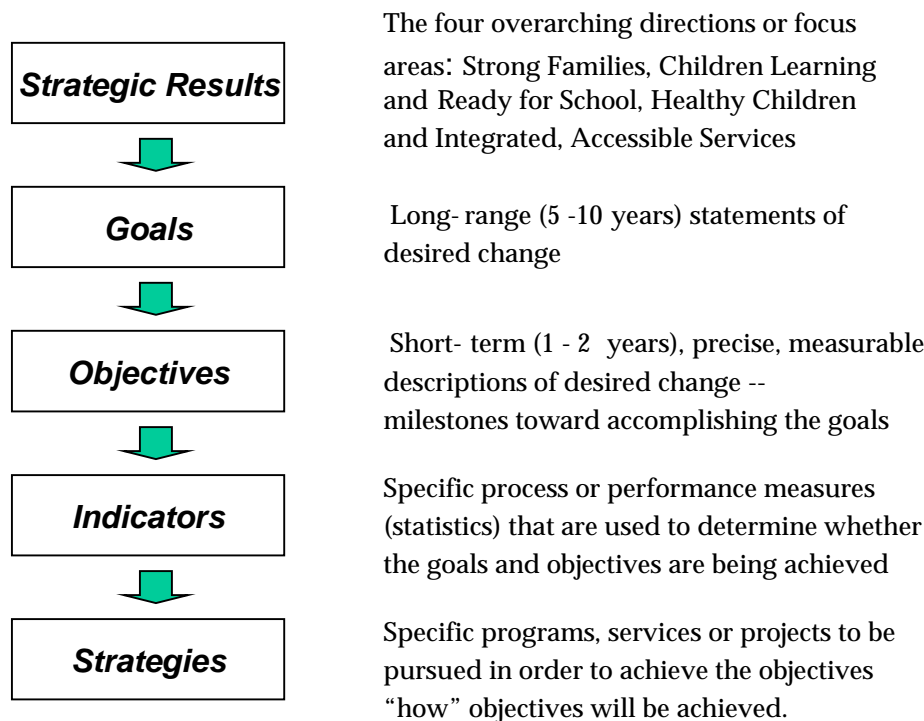
Important benefits that can be realized from strategic planning are:

- ❖ **Set a clear direction.** Better results are achieved by working together as a team, developing goals and objectives through a consensus-based collaborative effort. The plan also clearly defines the intentions of the Children and Families Commission so that members of the public can provide input.
- ❖ **Invest resources more effectively.** By having a clear set of priorities, the Commission can make better decisions regarding where to invest time and money to best meet the needs of our young children and parents. People are able to ask the question: "How will this investment help us achieve our goals?"
- ❖ **Resolve current challenges and/or avoid future problems.** The planning process enables the Commission to objectively evaluate the strengths and weaknesses of existing systems and services, as well as understand important trends that may pose threats and opportunities. This enables conscious choices to be made regarding how existing problems will be overcome while proactively anticipating probable future difficulties and taking steps to avoid those difficulties.
- ❖ **Provide a framework for decision-making.** The planning process provides a useful opportunity to set guidelines regarding the other types of decisions that must be made by the Commission, such as determining the level of funding that should be allocated to services immediately versus the level that should be reserved for future needs.

State law requires each county's Children and Families Commission to adopt a strategic plan meeting statutory requirements before funds can be expended for new services. California Health and Safety Code Section 130140(1)(C)(ii) specifies that:

“The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.”

The components of the Glenn County strategic plan are shown in the diagram below, with a definition of each term and how these concepts are related to the statutory requirements.

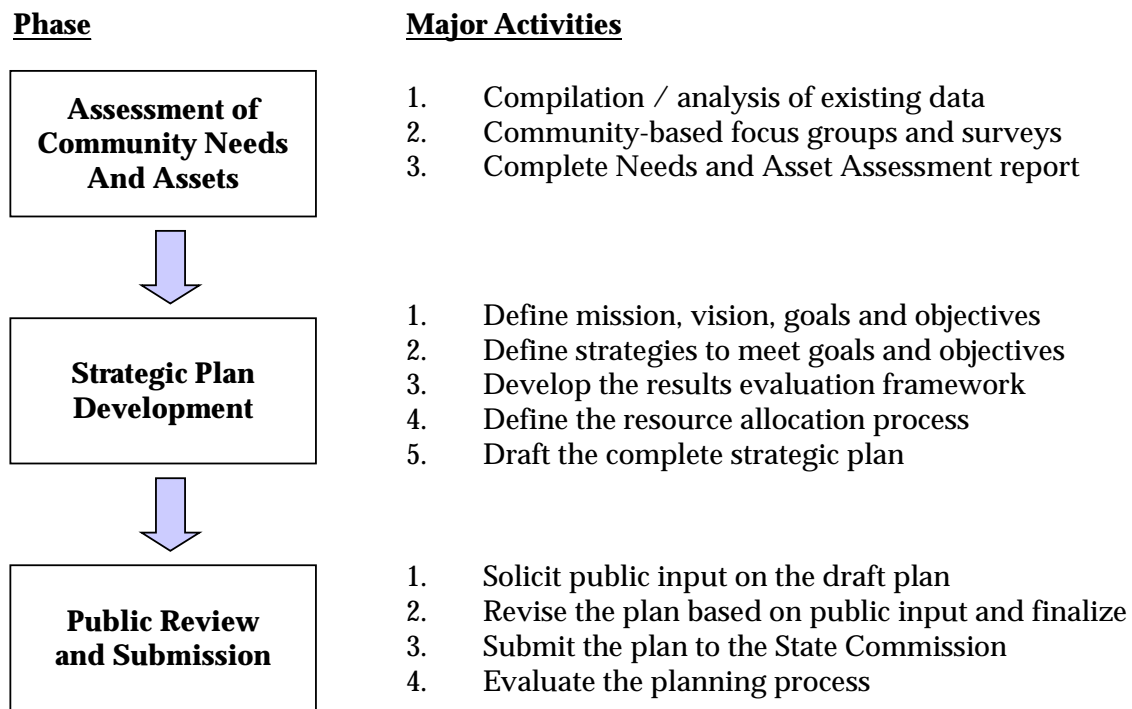


Each of the four strategic results can have one or more goals associated with it, identifying more specific long-term changes sought within Glenn County. Similarly, each goal may have one or more objectives that describe the most important or realistic type of improvement to pursue first. Each objective will then have indicators and strategies associated with it so a clear “road map” exists, showing both how the objective will be achieved (the strategies) and how success will be measured and evaluated (the indicators).

The Glenn County Planning Process

The planning process used by the Commission has sought to be thorough, thoughtful, and inclusive of all aspects of the County, while at the same time being focused and efficient. Active work on the plan began in February 2000.

The planning process consisted of three major phases:



The purpose of each planning phase and activity performed is described below.

1. *Assessment of Community Needs and Assets.* The purpose of this phase was to precisely: define the needs of children prenatal to age five and their parents, identify the services and other community assets currently available to address those needs, identify gaps between needs and resources, and understand the desires of parents regarding what the Commission could do to best support their young children. First, over 20 pre-existing reports and studies related to young children and families were gathered, analyzed and consolidated so that the assessment would reflect all recent work done by other agencies. Then, town meetings were held in Willows, Hamilton City, and Orland; a total of 42 parents attended to provide direct input on their needs and barriers to service. Extensive outreach to solicit responses was also conducted via a written survey of parents and a separate survey of service providers. Surveys were available in Spanish and Hmong as well as English. A total of almost 200 respondents completed the surveys. All town meetings and the parent survey were conducted in both English and Spanish, with Hmong translation available as well.

2. *Strategic Plan Development.* In this phase, a series of decisions were made regarding what specific improvements (results) will be sought for the County, how those results will be achieved, how progress will be evaluated, and how funds will be expended. The output of this phase was a first draft of a comprehensive, countywide strategic plan for early childhood development.

3. *Public Review and Submission.* The draft strategic plan was made available to the public in printed form and through the County's web site. A public hearing was held in Glenn on November 28, 2000, to gather input from the community on the proposed plan. This feedback was taken into account by the Commission, who authorized changes to the plan and adopted an amended version of the plan for submission to the State Commission.

Appendix 3 contains a more detailed chronology of the planning process, including public meetings held throughout the development of the plan.

It must be emphasized that strategic planning is an on-going process. This document represents the initial plan, but it will be reviewed and if needed, updated at least once a year to reflect changes over time in community needs, resources, and funding levels. A public hearing will be held whenever the strategic plan has been updated in order to get community input on the proposed revisions before they are adopted.

COMMUNITY PROFILE, NEEDS, AND RESOURCES

This section contains a summary of the results from phase one of the planning process, Assessment of Community Needs and Assets. A complete description of the methods used to reach these conclusions, along with more detailed information about each topic area, is contained in Appendix 2 to this plan.

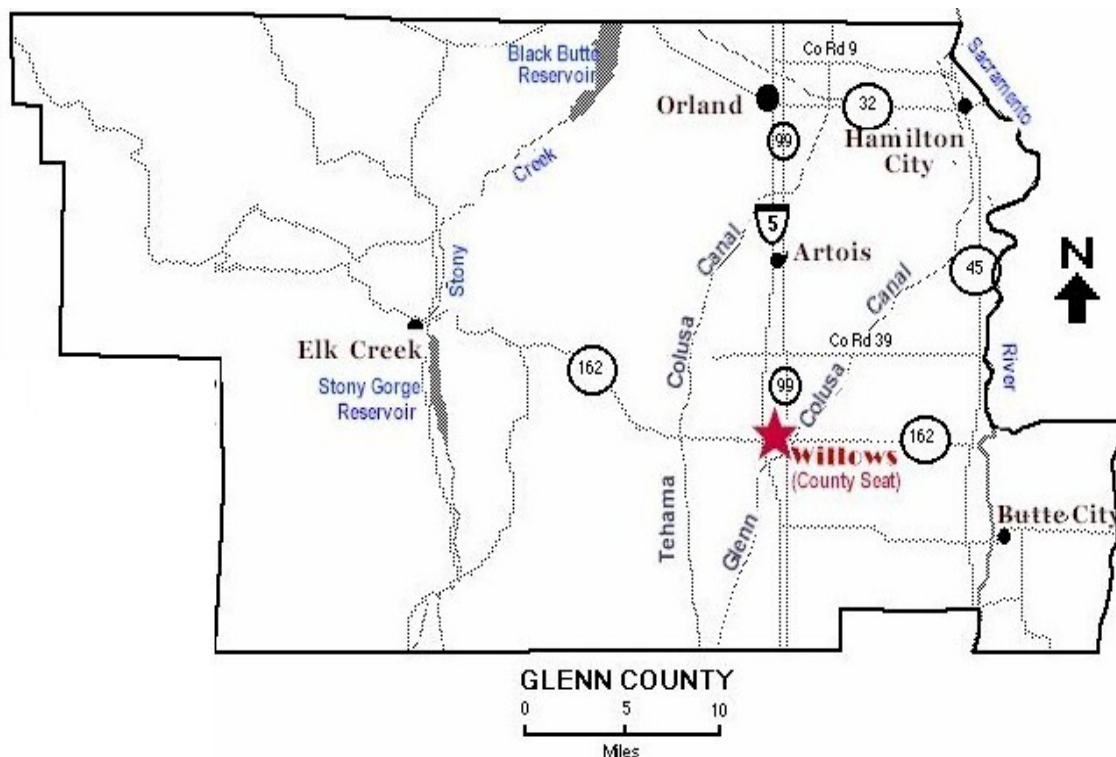
Overview of Glenn County

Glenn County is a rural county in a rich agricultural area in Northern California that is located 90 miles north of Sacramento. Its closest county neighbors are Colusa County to the south, Butte County to the east, Tehama County to the north and Mendocino to the West.

The total land area of Glenn County is 1,314 square miles with a water area of 12.4 square miles including the Sacramento River and two canals (totaling 1,326.4 square miles). Incorporated on March 5, 1891, the county was created out of the northern portion of Colusa County and was named for Dr. Hugh J. Glenn, who was the largest wheat farmer in the state during his lifetime, and a man of great prominence in political and commercial life in California. The county seat is Willows, which was created March 11, 1891.

Glenn County is demographically typical of many rural communities. As noted in the document, *Glenn County: An Economic and Demographic Profile*: "Although the City of Willows is the largest incorporated area in terms of population...Orland is a larger population center. Orland has many small farms and developments outside its incorporated area and partially serves as a suburb of Chico."

There are three small cultural centers in Glenn County: Hamilton City, the City of Orland, and the City of Willows. Artois, Butte City, Elk Creek, and Glenn are other areas served by post offices; with additional populations living in Alder Springs, Bayliss, Chrome, Codora, Fruto, and Ordbend. This poses some unique challenges in the delivery of services.



| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|--|--|---|
| Total population: | 26,950 in 1999 (Glenn County Economic and Demographic Profile, CSU Chico, 1999) | Glenn County is growing more slowly than most other California counties and the state as a whole. The annual growth rate averages one percent, compared to the California average of 1.5 percent. Willows is growing at a slower rate (.9%) than Orland which is growing at an above average rate of 1.6%. (California Department of Finance) |
| Based on location: <ul style="list-style-type: none"> City of Orland City of Willows Unincorporated areas | 5,800 in 1999 6,375 in 1999 14,775 in 1999 (Glenn County Economic and Demographic Profile, CSU Chico, 1999) | Although the City of Willows is the largest incorporated area in terms of population, Orland is a larger population center. Population by zip code for 1/1/99 estimated Orland at 13,700 and Willows at 8,400. |

| <u>Attribute</u> | <u>Profile</u> | | <u>Trends and Notes</u> |
|---|--|---|--|
| <p>Based on age:</p> <ul style="list-style-type: none"> • 0 – 5 • 0 – 9 • 10 – 19 • 20 – 29 • 30 – 39 • 40 – 49 • 50 – 59 • 60 – 69 • 70 – 79 • 80+ | <p>2,742 in 1998 (U.S. Census)</p> <p>4,605</p> <p>4,610</p> <p>3,767</p> <p>3,550</p> <p>3,789</p> <p>2,521</p> <p>1,929</p> <p>1,792</p> <p>1,044</p> | | <p>Glenn County has increasing percentages of young people age 0 - 19 and decreasing percentages of working age people, retirement age people and persons age 0 to 9. Willows has the greatest percentage of children age 0 to 19 with 35 percent of the total population. Hispanic children comprise 39% of all children in the county age 0-5 .</p> |
| <p>Based on ethnicity (1998):</p> <ul style="list-style-type: none"> • White • Hispanic • Asian • Native American • Black | <p>Number:</p> <p>18,911</p> <p>6,807</p> <p>1,262</p> <p>490</p> <p>137</p> | <p>Percent:</p> <p>68.5</p> <p>24.7</p> <p>4.6</p> <p>1.8</p> <p>.5</p> <p>(California Department of Finance)</p> | <p>Glenn County becomes more economically diverse each year. Hamilton City has the highest proportion of Hispanics (58%) followed by Orland (20%) and Willows (10%). There is a significant population of Asian people in Willows (over 10%).</p> |
| <p>Birth rate:</p> | <p>427 in 1997</p> <p>The number of births has declined each year since 1994</p> <p>(California Department of Health Services, Vital Statistics of California)</p> | | <p>The county's birth rate is consistent with the state average at 15.9%. Caucasians represent a lower percentage of total births in 1997 than they did in 1990, but still account for 50% of all county births, in comparison to 34% statewide. Hispanic birth rates have been increasing consistently, and Asian birth rates are declining. In 1997, almost 43% of all births were to Hispanic/Latino mothers, 50% were Caucasian, and 6% were Asian. (California Department of Health Services, Vital Statistics of California)</p> |

Glenn County has a population density well below the population density of California. As of 1/1/99, the population density was estimated at 20.3 persons per square mile, while the population density of California is estimated at 217.4 persons per square mile.

The combination of poverty, language barriers, lower education and lower wages, experienced by residents in pockets throughout the county creates unique needs related to service delivery and location.

The key findings on issues affecting children prenatal to age 5 and their families are outlined below. As noted earlier, more detailed information on all of the topic areas is contained in Appendix 2.

HEALTH

- Dental care, including the need to raise awareness of the importance of dental care through education and outreach was identified in town meetings, parent surveys and provider surveys as a major challenge facing children age 0 to 5. Specifically, the dental care issue can be characterized related to education, access and affordability. There are 4,475 persons for every dentist in Glenn County. A cultural barrier also was identified for Hispanic parents related to knowledge about the importance of dental care and hygiene for children. Finding providers who accept insurance for dental care was identified as an issue in parent surveys and at town meetings.
- Health care access and affordability is a major concern for families as well, and when combined with dental care, results in the number one concern identified by parents. The lack of pediatricians, specialists, and emergency room expertise and care were all identified as concerns by parents, providers and at town meetings.
- The limited availability of mental health and substance abuse services was noted as a challenge to health in both surveys and town meetings.
- Lack of prenatal care has been identified as an unmet need by the Advisory Council on Health and Nutrition issues. Parents and providers noted the need for prenatal care as well. Glenn County ranks 29 of 49 rated counties on late or no prenatal care. This has been a consistent problem in the county; the 1994-96 rates represent an improvement over the preceding years, but still exceed the state percentage by a full 10%.
- Six of seven provider respondents (five of whom were medical personnel) stated that health care in Glenn County is not adequate to meet the needs of children and families.
- The county's population-to-primary-care-physician ratio of 2,441 to 1 is over double the national guidelines. Very few specialists, such as pediatricians or obstetricians, practice in the county. No local low-cost options exist for medical care during off-hours or on weekends. Lack of reliable transportation presents a huge barrier for many people attempting to access those services that are available.
- On the positive side, the rate of low birth weight babies in the county is significantly lower than the state average.

EDUCATION

- A number of issues related to parent education were identified in the town meetings and the parent surveys. The need to provide parents with academic services, information about substance abuse, information and skills related to early childhood development and access to resources were all listed as parent educational needs.
- Over 14% of Glenn County's adult population in 1990 received less than a ninth grade education and over 19 percent attended high school without graduating. In addition, there is a disparity in educational attainment throughout the county. In Hamilton City, 42% of the adult population have less than a ninth grade education and over 60% do not have a high school degree. This is also where the majority of the Hispanic population is based.
- Access to education via the provision of onsite child care was noted by town meeting attendees and on the provider survey as an unmet need for teen and single parents.
- The county ranks 51 out of 58 counties in the percentage of 3rd graders who are reading at or above the national average.
- Adults in the county lag far behind the state in educational attainment levels. Thirteen percent of parent survey respondents had less than a high school diploma.
- Skill development and vocational training was listed by 23 parents as a challenge or problem for their children, while 26 said that jobs/unemployment and low income jobs were issues affecting them as a parent. It is interesting to note that while some parents identify their skill level as an issue for them as a parent, others identify it as an issue for their children because of the difficulty they experience in attaining a living wage and therefore supporting their family.

ECONOMICS

- The unemployment rate is consistently high, averaging 13.5% during 1998, and spiking during some months based upon agricultural seasons.
- A high rate of poverty exists among families. In 1995, 29% of children age 0 to 4 were living below the poverty level.
- The 1997 per capita income was roughly \$8,000 less than the average for the state of California. The per capita income in Hamilton City is 50% of the state average, while it is 60 % of the state average in Willows and Orland.
- Twenty percent of children ages 0 to 4 in the county received TANF.

- Twenty-nine of 158 parents reported great concern about their child's welfare related to poverty/the cost of living and finances. Twenty-three of 158 listed housing as a "5" or a very large problem or challenge in their household, and 12 listed food as a "5" or a very large challenge.

SAFETY

- The county enjoys a low crime rate, particularly with a rate of violent crime that is less than half the state average.
- Sixteen percent of all calls for assistance in Glenn County in 1997 were related to domestic violence, compared with nine percent statewide.
- There are 150 active gang members identified in Glenn County and gang members or their associates account for one-third of all violent crime in the county. This number has doubled in the past three years, according to the Glenn County Rural Gang Initiative Assessment.
- Of 1,006 total referrals to Child Protective Services (CPS) in 1997, 135 were for sexual abuse, 203 were for physical abuse and 11 were for severe neglect, totaling 35% of all complaints. Sixty-five percent of the referrals were for general neglect.

For the past two years, the average number of children placed in foster care was 84. Early figures for 2000 show the numbers remaining at or near 84 children.

CHILD CARE AND CHILD DEVELOPMENT

- Care for children ages 0 to 3 was identified in town meetings, parents and provider surveys as a great unmet need in Glenn County.
- When asked who provides care for their children, 45 of 74 respondents noted that care was provided by an adult family member, friend or neighbor, self or other, which may reduce access to support and education about issues like nutrition, dental care and other child development issues. Nutrition was identified in two of three of the town meetings as an area of concern.
- 35 respondents (24%) to the parent survey stated that access to affordable child care was one of the biggest challenges affecting the well-being of young children. Specific barriers to child care access consistently identified included not enough child care slots available, specifically for infants/toddlers and no special needs services.
- Few or no options exist for parents who need child care in early morning or evening hours, care for sick children, or temporary / drop-in care that would allow the parents to access other services. The cost of care is prohibitive for many parents who do not qualify for subsidies or programs like Head Start.

- "Taking Care", the long range child care plan for Glenn County, distributed by the Local Child Care Planning and Development Council identified the top three needs in the county which included increased after school child care resources, primarily for ages 5 to 12, increased infant care, and child care for sick children.
- Current child care options can cost a significant amount of a family's household income. A family with two children in child care is likely to spend 32% of their income on child care. Some subsidies and programs are available for specific groups of low-income families but no relief is available for those who do not meet the income and other eligibility guidelines for county child care services.
- According to town meeting participants and parents surveyed, significant need exists for more flexible child care, namely services during non-traditional hours including after school, midyear, evenings and weekends, and also for seasonal care that is available to the migrant farm labor population.
- Although 45 of the survey respondents were aware of state preschool services (which are only available in Hamilton City), a full 97 or 65% were aware of Head Start.

UNIQUE ISSUES

- Understanding California and United States law related to children and families specifically was identified as an unmet need in the town meetings.
- The Hmong and Spanish speaking populations also pose some unique issues for the county to consider when allocating resources.
- A slower than average growth rate combined with a declining birth rate indicates that Prop 10 funding will decrease proportionately in the years to come, requiring that investment in sustainable programs or infrastructure is critical. In addition, the County experienced a dip in school enrollment in the past year, indicating that families with children may be migrating out of the county.
- In 1997 almost 43% of the county births were to Hispanic women, indicating a need for culturally sensitive services.
- 100% of Glenn County babies are born out of county.

RECREATION

- Thirty-two of 158 respondents said that the need for more recreational programs and extra curricular activities are a big challenge affecting the well being of their children.
- The lack of quality time with children and the corresponding family stress was a concern for 23 parent survey respondents, second only to worries about finances/their job and or income.

- Interest was expressed in the recent town meetings for a centralized location to provide activities that would not require travel to other communities for lessons or activities.
- The 1997 Long Range Child Care Plan for Glenn County, based on a community needs assessment, included a goal to increase the availability of affordable after-school care by implementing an after school program and replicating it in a number of other locations. This effort has not been successful to date, largely because of a lack of funding.

TRANSPORTATION

- Transportation is a huge barrier for many people to gain access to services and employment. There are 20.3 persons per square mile in Glenn County compared to the state average of 217 persons per square mile.
- Public transit options are limited between many communities, with public transit being moderately convenient (based on bus schedules) through select sections of Glenn County. In the town meetings, a number of parents expressed frustration over transportation issues such as limited routes, limited hours and the cost of cabs when public transit is not available.
- Parents also expressed the concern that public transit leaves them without access to their children in an emergency if the children are in a day care or school setting.
- Transportation was referenced in relationship to other major issues such as child care, employment, dental care, health care and recreational activities.

SPECIAL NEEDS AND OTHER FAMILY ISSUES

- Fifty-six survey respondents identified themselves as having children with special needs, which equals 34% of all respondents. Not all indicated the type of special need, although 22 indicated a learning disability, 3 indicated a physical disability and 10 listed other.
- Thirty total children were diagnosed with a disability in Head Start classes last year. Services provided included:

| | |
|-------------------------------|----|
| 1. Health impairment | 4 |
| 2. Speech/language impairment | 23 |
| 3. Mental Retardation | 1 |
| 4. Orthopedic Impairment | 1 |
| 5. Autism | 1 |
- Early screening and assessment was identified as an unmet community need in town meetings and parent surveys.

- 56 of the total survey respondents indicated they had a special needs child, and twelve of the total survey respondents said that education about special needs was a big problem or challenge affecting their young child.

STRATEGIC RESULTS, GOALS AND OBJECTIVES

As defined in the State Commission Guidelines, a **goal** is "a long run (e.g. 5-10 years) statement of desired change, based upon the vision statement." An **objective** is "a precise description of desired change that is short-range and measurable, and that supports the achievement of the goal." In setting objectives, the Commission focused on concrete results that could be pursued within the next one to two years, such that measurable progress could be demonstrated in a two year period.

The Commission used several guiding principles in developing goals and objectives:

- ❖ The intent is for this plan to serve as a comprehensive strategic plan for early childhood development in Glenn County, not just a "Proposition 10" plan. The goals and objectives thus extend far beyond what could be accomplished with just the funding from the Children and Families First Commission. Rather the goals and objectives show what can be accomplished through a coordinated effort of service providers, funding sources, and other community resources.
- ❖ Goals and objectives should be directly aligned with the results of the assessment of community needs and resources, so that the directions of the Commission are based on solid objective data and not speculation.
- ❖ Goals can be far-reaching because of the 5-10 year time horizon for pursuing them, but objectives must be focused and realistic. Just because an issue was omitted from the objectives doesn't mean it is not important – it means that the Commission believed that the issue was not the best *starting point* in working toward the goals and that a broader agenda was not realistic in the next one to two years. As objectives are achieved during the coming years, new objectives will be set.

Nine primary goals were established with a total of eighteen objectives linked to those goals. The goals are organized according to the four **strategic results**, or overarching directions and broad areas for improvement, described earlier in this plan.

Strategic Result 1. Improved Family Functioning: Strong Families

| Goals | Objectives |
|--|---|
| 1.1 Every family is self-reliant and earning a living wage, thereby reducing economic pressures on the family. | 1.1.1 Families have increased access further education and services that enhance their financial resources. |

- | | |
|--|--|
| 1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children. | 1.2.1 Increase the percentage of children raised in loving, informed, stable and empowered families. |
| | 1.2.2 Families and caregivers have increased knowledge, skills and confidence in their ability to successfully raise and nurture children. |
| | 1.2.3 Increase family connection with community and cultural events that broaden children's total development and individual fulfillment. |

Strategic Result 2. Improved Child Development: Children Learning and Ready for School

- | Goals | Objectives |
|--|---|
| 2.1 Glenn County families have access to appropriate, affordable, quality child care. | 2.1.1 Increase the quality, quantity and diversity of child care options through programs and/or activities that recruit, train and support caregivers. |
| | 2.1.2 Remove barriers to child care for families. |
| 2.2 Children come to school ready and able to learn. Ready includes cognitive, physical, emotional and social preparation. | 2.2.1 Increase the readiness of children to be in school and ready to learn. |
| | 2.2.2 Children are screened early and tested for sight, dental, hearing, and learning abilities. |

Strategic Result 3. Improved Child Health: Healthy Children

- | Goals | Objectives |
|--|---|
| 3.1 All children are ensured of being born with the best possible health at birth. | 3.1.1 90% of women begin prenatal care in the first trimester. |
| | 3.1.2 Increase the proportion of children born into families that are smoke free and free of substance abuse. |
| 3.2 All children are ensured of entering school with the best possible physical and mental health. | 3.2.1 Child dental health is promoted and valued for children 0-5 years. |
| | 3.2.2 All children are medically screened, evaluated and necessary remedial action taken prior to age five. |
| | 3.2.3 Behavioral and mental health is promoted and valued for children 0-5 years. |

- 3.3 Children live and play in safe environments. 3.3.1 Develop children's talents and increase self esteem by identifying and supporting programs and/or activities that create safer environments for children.

Strategic Result 4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

- | Goals | Objectives |
|---|--|
| 4.1 Ongoing funding exists and is used to support and maintain the programs, initiatives, and activities resulting from Proposition 10 and the Glenn County Children & Families First Commission. | 4.1.1 Leverage Prop. 10 Resources to promote all four Strategic Result areas. |
| 4.2 The Service Delivery System is available, accessible, consumer driven, and consumer focused. | 4.2.1 Families will identify their own needs and participate in decision making related to needs and services. |
| | 4.2.2 Access to existing and proposed services is promoted and barriers of language, eligibility, transportation and illiteracy reduced. |
| | 4.2.3 Develop and expand the private sector to provide services and increase collaborations. |

STRATEGIES AND COMMUNITY PARTNERSHIPS

Strategies identify the specific programs, services and projects to be pursued in order to achieve each objective. As stated in the previous section, the intent is for this plan to serve as a comprehensive strategic plan for early childhood development in Glenn County that can help to link and coordinate the activities of many different organizations involved in serving children and families. To support this outcome, each strategy has a set of **partners** that identify the organizations that are best positioned to work together in successfully implementing the strategy. The partnerships show how the entire system of community services must work together in order to achieve the goals and objectives described in this plan.

The strategies contained in this plan were developed collaboratively with the input of over 200 service providers, parents and teachers participating actively in the planning process. For each strategy session, consultants prepared an analysis of community needs and potential strategies to consider that are based on practices that have been proven to work in various communities. Members of the community reviewed these “best practices”, then selected a set of strategies that are the ones believed to be most likely to succeed in achieving the objectives in Glenn County. The concept is to focus on specific actions that realistically could be carried out.

It is important to recognize that the resources are probably not available within the County to fund all of the strategies in the first year. Each year, the Children and Families Commission will evaluate progress toward the goals and objectives and make a new determination of the initiatives to be funded in the coming year with Proposition 10 resources. This process will be conducted collaboratively with the many other agencies and organizations listed in the tables that follow, so that priorities and funding decisions can be coordinated across the system of services.

The tables that follow are organized according to the goals and objectives listed in the previous section of the plan. For each objective, the plan identifies the intended strategies, community partners to involve in each strategy, and the rationale for choosing the strategies that were selected. Some strategies can be effective in addressing multiple objectives; such strategies are listed under the first objective to which they apply and then are cross-referenced to other objectives where appropriate. Also, the list of partners is not meant to exclude any individuals or organizations that can contribute to the success of the strategies; additional partners will be openly sought as strategies are being funded and implemented.

Strategic Result 1: Improved Family Functioning: Strong Families

| Goals | Objectives | Strategies |
|--|--|--|
| 1.1 Every family is self-reliant and earning a living wage, thereby reducing economic pressures on the family. | 1.1.1 Families have increased access to further education and services that enhance their financial resources. | <p>A. Provide and/or support public awareness activities that promote the need for financial education as a part of family self-reliance through mediums that satisfy the diverse language and cultural needs of Glenn County families.</p> <p>B. Promote culturally diverse financial education activities/programs that reach families in their homes and neighborhoods, or through expanded hours of service.</p> <p>C. Support the expansion and partnering of existing outreach and education programs (such as Perinatal Outreach, Child and Family Services, WIC, etc.) to distribute information and provide referrals for families needing or requesting financial education assistance.</p> <p>D. Support Glenn County economic development activities that create jobs.</p> |
| | <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. increase in participation levels for classes/education opportunities 2. increase in total number of classes offered 3. increase in multi-lingual instruction options 4. increase in education and services provided at the local/neighborhood level 5. decrease in the number of children living in poverty | |

Rationale: The 1997 per capita income was roughly \$8,000 less than the average for the state of California. Relating this to the target group of Proposition 10, in 1995 29% of children ages 0 – 5 lived in poverty.

Increased income is only one part of a families' financial stability. The ability to budget and plan for current and future financial needs are others. The best ways to increase the financial management knowledge of Glenn County citizens are to (1) promote and emphasize the importance of these skills; (2) provide related education/support services; and, (3) offer a variety of outreach and training activities that are accessible and affordable to the diverse populations.

Potential Partners: Health Services, Health Education, Perinatal Outreach and Education Program, Women, Infants and Children (WIC), Department of Child and Family Services, Northern Valley Indian Health, Adult Education, Butte College, School-to-Career, Regional Occupation Programs, Human Resources Agency, CalWORKS/Workforce Investment, Head Start, Family Preservation and Support, Family Self sufficiency Program.

Strategic Result 1: Improved Family Functioning: Strong Families

| Goals | Objectives | Strategies |
|--|---|---|
| 1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children. | 1.2.1 Increase in the percentage of children raised in loving, informed, stable and empowered families. | <p>A. Expand and support outreach and home visitation programs that provide referrals and information to existing or new programs, and that specifically target [under served] economic and/or ethnic groups.</p> <p>B. Promote and support parenting education activities/programs that promote understanding of child development stages, positive discipline and other child raising topics. The programs/activities should be communicated and offered to parents, grandparents, surrogate parents, and other caregivers in the appropriate language, location (e.g., homes, neighborhoods, other non-threatening settings), and times which make them convenient to attend.</p> <p>C. Partner with local law enforcement and CPS agencies to provide outreach and education materials to families with incidents of domestic violence and/or child abuse.</p> <p>D. Develop Prop. 10 Speakers Group to promote message to service groups, local organizations, county and city councils.</p> |
| | <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. decrease in number of children in out-of-home placements 2. decrease in substantiated incidents of child abuse 3. decrease in incidents and/or calls for assistance related to domestic violence 4. decrease in number of incidents and arrests for spousal abuse | |

Rationale: An individual/family's inability to function and deal with the variety of demands that come with raising children can result in domestic violence and child abuse. In 1997, 16% of the calls for assistance (299) were domestic violence related, compared to 9% statewide and there were 48 arrests for spousal abuse. This number has increased every year since 1995, and has now pulled even with the state in percentage. That year there were a total of 1,006 referrals to CPS (sexual abuse (135), physical abuse (203), general neglect (378), severe neglect (11), emotional abuse (111), exploitation (8), and parental incapacity (148). The average number of children placed in foster care in 1999 was 84, with similar numbers expected for 2000.

Access to information is a key component in a family's ability to be informed and empowered. The best means of improving and supporting a family's ability to fulfill their roles in raising healthy, happy, resilient and well-adjusted children are (1) provide public awareness and education information through a variety of mediums and languages (understanding adult literacy as a factor in acquiring information); (2) provide in-home and/or neighborhood based services that are culturally relevant and support family functioning; (3) provide early identification, intervention and support services to families already experiencing difficulties; and (4) provide intensive case management/long term supports for families seeking assistance.

Potential Partners: Public Health Nursing Staff, Women, Infants and Children (WIC), Parent Education Network, Office of Education., Butte College, Public Schools, Northern Valley Indian Health, Department of Child and Family Services, CPS, Law Enforcement Agencies, Human Resources Agency, Family Preservation, Child Abuse Treatment Program, CalWORKS.

Strategic Result 1: Improved Family Functioning: Strong Families

| Goals | Objectives | Strategies |
|--|--|---|
| 1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children. | 1.2.2 Families and caregivers have increased knowledge, skills and confidence in their ability to successfully raise and nurture children. | A. Provide program incentives (such as items for children, food vouchers, car seats, strollers, etc), transportation, and personal phone calls / invitations to increase attendance at parent education programs. |
| | <u>Indicators:</u> <ol style="list-style-type: none"> 1. increase in variety, number and location of educational opportunities throughout the county including, but not limited to: parenting classes/workshops, child development classes, and continuing education classes/workshops 2. increase attendance of individuals (i.e, families and caregivers), subsequently indicating improved abilities as result of participating in outreach/education activities 3. increased requests and dissemination of information on topics such as child development, child health, family/child resource and referral information. | B. Offer workshops on individual topics for parenting where parents can attend a single workshop without having to commit to a long series of classes. Involve grandparents, surrogate parents, and other caregivers in family activities and parent education. |

Rationale: The ability to identify and nurture a child's development (cognitive, emotional, social and physical) is extremely important in raising and nurturing healthy, well-adjusted children.

In 1999, 1,036 children ages 0 – 5 lived in households with two employed parents or an employed single head of household. Frequently these families work long hours (leaving minimal time for acquiring information about raising children), and the children are placed in informal child care settings (45 of 74 survey respondents noted that care was provided by an adult family member, friend or neighbor, self or other). Parenting education/child development opportunities currently exist within the county, but are frequently under attended due to scheduling, child care limitations, lack of awareness of available resources, or transportation barriers. Although under attended, parents/caregivers still rank the need for education as a priority.

The best ways to improve the abilities of families and caregivers to successfully raise and nurture children are to (1) increase the public's overall awareness and education relating to child development; and (2) expand the means, methods of delivery, and types of education and outreach to parents and caregivers (including grandparents, siblings, neighbors, teachers, other adults working with children, etc.).

Potential Partners: Public Health Nursing Staff, Women, Infants and Children (WIC), Parent Education Network, Office of Education, Butte College, Public Schools, Northern Valley Indian Health, Catalyst, Northern Valley Catholic Social Services, Department of Child and Family Services, Health Education, Human Resources Agency, Family Preservation, Child Abuse Treatment Program, CPS, CalWORKS.

Strategic Result 1: Improved Family Functioning: Strong Families

| Goals | Objectives | Strategies |
|--|--|--|
| 1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children. | 1.2.3 Increase family connection with community and cultural events that broaden children's total development and individual fulfillment. | <p>A. Enhance library-based programs to bring families together and offer family activities and parent education.</p> <p>B. Involve churches in sponsoring family activities and parent support forums.</p> <p>C. Provide assistance (information, grants, and other forms of support) in forming and/or sustaining play groups, parent co-ops and other such forums to bring parents together in each community for mutual support</p> <p>D. Support and promote existing cultural and civic events already in place.</p> <p>E. Develop community events that reflect the neighborhood culture and involve parent and civic groups (e.g., Head Start's parent groups that create "community improvement projects" annually) to reach a larger population.</p> |
| | <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. increased participation in existing recreation, community, and/or cultural events 2. increase in number of activities promoted, provided and attended within the different Glenn County communities. | |

Rationale: Communities are defined in terms of geography and the unique cultural, language, or other unifying interests (e.g., cultural, religious, recreation, etc.). Events and activities that connect a family to its community, however defined, increase the family's stability and broaden their children's total development opportunities, especially when there are cultural and/or educational activities. In the town meetings and parent surveys conducted in April and May of 2000, parents expressed a strong interest in enhancing the recreational options for young children and families, as few youth recreational programs extend their activities to children ages 0 – 5. The strategies chosen for this objective are (1) increase the public's awareness and participation in existing cultural and community events; and (2) build upon, expand, and/or support existing efforts within the various Glenn County communities.

Potential Partners: Faith-based organizations, libraries, Head Start, school districts, civic and community groups, Hispanic Resource Council, Southeast Asian Task Force, Office of Education, Human Resources Agency, Family Preservation, Child Abuse Treatment Program, Family Resource Center, Mentoring Program, CalWORKS.

Strategic Result 2: Improved Child Development: Children Learning and Ready for School

| Goals | Objectives | Strategies |
|---|---|---|
| 2.1 Glenn County families have access to appropriate, affordable, quality child care. | 2.1.1 Increase the quality, quantity and diversity of child care options through programs and/or activities that recruit, train and support caregivers. <u>Indicators</u> <ol style="list-style-type: none"> 1. increase training options for formal and informal care providers 2. decrease in child care staff turnover rates 3. decrease in provider switchover rates 4. increase in provider wages and benefits 5. increase number of licensed care providers 6. increase in number of infant/toddler slots 7. increased number of background checks on all adults living in licensed, exempt homes 8. increase in number of child care settings meeting accreditation standards | A. Promote Trustline checks for all adults and subsidized CPR/ First Aid certification for the designated caregiver in a license exempt home. B. Support the activities of the Glenn County Local Child Care Planning Council to increase the quality, quantity and diversity of child care options. C. Support the LCCPC advocacy efforts at the local, state and/or federal level that improve recruitment, training and support of child care in Glenn County. |

Rationale: A profile of the child care situation in Glenn County provided by the 1999 California Child Care Portfolio from the California Child Care Resource & Referral Network identified that between July 1999 and January 2000, there were 819 infants and 1,695 preschool children needing care, while the number of *full-time* licensed care slots available was only 335. The 1995-96 report, *A study of Glenn County Child Care Needs*, estimated that given current population and economic trends in the county, the population seeking and /or receiving subsidized care will increase and eventually exceed current care capacity by about 200%. Glenn County Local Child Care Planning Council, comprised of public agencies, providers and consumers, is charged with the responsibility to develop a plan to encourage increased compensation and staff training (AB 212). Therefore, the strategies to achieve this objective support and enhance the activities of Glenn County's LCCPC, and regional, state, and/or federal initiatives impacting the quality child care in the county.

Potential Partners: Child and Family Services, Glenn Medical Center, American Red Cross, Paramedic and Ambulance agencies, Glenn County Local Child Care Planning Council, Human Resources Agency, CalWORKS, TANF, Family Resource Center.

Strategic Result 2: Improved Child Development: Children Learning and Ready for School

| Goals | Objectives | Strategies |
|---|--|---|
| 2.1 Glenn County families have access to appropriate, affordable, quality child care. | 2.1.2 Remove barriers to child care for families. <u>Indicators</u> <ol style="list-style-type: none"> 1. increase number of businesses with family-friendly work policies, including child care support activities 2. increase in participation of and /or eligibility for subsidized child care 3. increase in number of subsidized child care providers 4. increase in number of providers for special needs children 5. increase in availability of child care that meets language and cultural needs 6. increase options for child care during non-traditional hours and sick care | A. Support the efforts of Glenn County's Local Child Care Planning Council that remove barriers to child care, (i.e, increasing the overall number of providers serving infants/toddlers and offering extended hours, parent co-ops, etc.). |

Rationale: The economic and demographic profiles of Glenn County indicates that a high percentage of working parents are in need of child care and have high poverty levels, meaning they can not afford child care. Specific barriers to child care identified through parent surveys in Spring 2000 were: (a) not enough child care slots available, specifically for infants/toddlers; (b) no special needs services available; (c) few or no options exist for parents who need child care in early morning or evening hours, care for sick children, or temporary / drop-in care that would allow the parents to access other services. Business practices that acknowledge and accommodate family needs related to child care are one solution. Again, because this objective is shared by Glenn County's Local Child Care Planning Council, the strategies to meet it focus on supporting and/or enhancing activities of that group and their partners, collaborators, and other stakeholders.

Potential Partners: Glenn County Local Child Care Planning Council, Children's Interagency Coordinating Council, Department of Child and Family Services.

Strategic Result 2: Improved Child Development: Children Learning and Ready for School

| Goals | Objectives | Strategies |
|--|---|---|
| 2.2 Children come to school ready and able to learn. Ready includes cognitive, physical, emotional and social preparation. | 2.2.1 Increase the readiness of children to be in school and ready to learn. <u>Indicators</u> <ol style="list-style-type: none"> 1. increased number of child care providers receiving home-visiting services 2. increased access and attendance in preschool 3. increased access/participation of parents and children in activities focused on development of social, cognitive, emotional, and physical preparation 4. increased number of eligible children participating in WIC 5. increase in number of families in Head Start or Early Head Start programs 6. increase in adult literacy rates 7. increase in number of parents requesting and receiving information about early childhood development. | <ol style="list-style-type: none"> A. Expand home-based programs and outreach efforts that attend to the unique cultural, language and literacy needs of families and caregivers, and involves them in age-appropriate school-readiness activities. B. Distribute the Parent's Kit developed by the State. C. Create partnerships between kindergarten teachers, childcare providers and parents of pre-kindergarten children to promote school readiness. D. Pursue a comprehensive approach to distributing information about the health needs of children, including educating the community about health care payer sources and how to access them (i.e., Medi-Cal, Healthy Families). E. Support the expansion of Head Start, Early Head Start, and/or state preschool options within Glenn County. |

Rationale: Access to child care and early childhood education programs (preschools) and extra curricula/after school programs were identified as major issues throughout the town meetings and surveys in Spring 2000. The number of children needing care in the preschool age group is 1,695. Currently, there are 7 Head Start classes in the county with a funded enrollment of 156. There are 382 slots for children in 37 family-care homes. Studies have shown that the adult literacy rates within the home impact a family's ability to support their child's early learning, because they have their own barriers to overcome. Relying on printed media alone will not help caregivers with low literacy skills provide the needed support for their children. The strategies selected for this objective focus on building early learning opportunities for children; increasing outreach to families, child care providers, and supporting and enhancing new and existing partnerships that increase a child's readiness to be in school.

Potential Partners: Health Services, Health Education, Perinatal Outreach and Education Program, Human Resources Agency, Mentoring Program, Family Preservation, Child Abuse Treatment Program, Family Resource Center Women, Infants and Children (WIC), Department of Child and Family Services, Northern Valley Indian Health, public and private health providers.

Strategic Result 2: Improved Child Development: Children Learning and Ready for School

| Goals | Objectives | Strategies |
|--|---|---|
| 2.2 Children come to school ready and able to learn. Ready includes cognitive, physical, emotional and social preparation. | 2.2.2 Children are screened early and tested for sight, dental, hearing, and learning abilities. | A. Expand home-based programs to provide outreach that educates parents about child health needs (including tobacco information). |
| | <u>Indicators</u> <ol style="list-style-type: none"> 1. increase in number of children receiving comprehensive screenings prior to enrollment in first grade 2. increased number of practitioners and locations that conduct screenings 3. increase number of children receiving follow up services/treatment as a result of early screenings 4. number of flyers, media announcements, educational materials, and outreach educating the public about early screening. | B. Compile results of CHDP exams into computer database; use information to track/follow-up with children who have special needs. C. Pursue a comprehensive approach to distributing information about health needs of children, including educating the community about health care payer sources and how to access them (i.e., Medi-Cal, Healthy Families). D. Distribute the Parent's Kit developed by the State. E. Expand home-based programs to provide services to meet child health needs. |

Rationale: Comprehensive screenings prior to a child's enrollment in first grade can identify learning barriers early, allow time to address the them, and finally result in a child entering school ready to learn. The strategies to best meet this objective focus on increasing the capacity to screen and follow up with children, and the outreach/means of reaching families with children in order to conduct screenings.

Potential Partners: Health Services, Health Education, Perinatal Outreach and Education Program, Women, Infants and Children (WIC), Department of Child and Family Services, Northern Valley Indian Health, public and private health providers, school districts, Office of Education.

Strategic Result 3: Improved Child Health: Healthy Children

Goals

Objectives

Strategies

3.1 All children are ensured of being born with the best possible health at birth.

3.1.1 90% of women begin prenatal care in the first trimester.

Indicators

1. rate of prenatal care in the first trimester will increase for all women
2. reduction of infants born with a low birth weight for all ethnic and income groups
3. decrease in the infant mortality rate
4. decrease in rate of prenatal exposure to alcohol, tobacco, and other drugs
5. increase in immunization rates

- A. Support and expand home-visitor programs to provide outreach to and education for women and families about prenatal care and accessing services.
- B. Provide for and support expansion of existing services (e.g., birthing centers, WIC, hospitals, etc.) to include education and referral services for prenatal care.
- C. Promote workshops/trainings that increase community education/knowledge regarding health care payer sources (i.e. Medi-Cal, Healthy Families, etc.).

Rationale: Access and participation in early prenatal care is important to the overall health of the baby during pregnancy and after birth. The strategies for this objective focus on (a) educating the public about the importance and need for prenatal care; (b) reaching women who want care but have a difficult time finding an accessible care provider; (c) supporting and/or expanding existing education and health services to reach more pregnant women.

Potential Partners: Health Services, Health Education, Perinatal Outreach and Education Program, Women, Infants and Children (WIC), Department of Child and Family Services, Northern Valley Indian Health, Discovery House, public and private health providers.

3.1.2 Increase the proportion of children born into families that are smoke free and free of substance abuse.

Indicators

1. decrease in the number of children exposed to second-hand smoke in their home environment
2. decrease in the number of parents who smoke
3. decrease in the number of drug and alcohol related referrals to CPS; and, decrease in the number of drug and alcohol related arrests, including DUI.

- A. Expand home-visitation and community education/outreach programs that educate families and caregivers about the effects of tobacco, alcohol and other drugs on the health of children.
- B. Support, enhance and/or expand successful programs for prevention and treatment of alcohol, tobacco, and drug abuse/addiction.

Strategic Result 3: Improved Child Health: Healthy Children

Goals

Objectives

Strategies

Rationale: Second hand smoke is attributed to many health problems, especially for children. Additionally, the use/abuse of alcohol and drugs negatively impacts the social, emotional, physical and cognitive growth and development of a child. Drugs and alcohol are usually present and "on board" during incidents of domestic violence. The strategies for this objective focus on education, prevention and treatment of alcohol, tobacco, and drug abuse/addiction.

Potential Partners: Health Services, Health Education, Perinatal Outreach and Education Program, Women, Infants and Children, Division of Child and Family Services, Northern Valley Indian Health, Discovery House, public and private health providers.

3.2 All children are ensured of entering school with the best possible physical and mental health.

3.2.1 Child dental health is promoted and valued for children 0-5 years.

Indicators

1. increase public awareness and knowledge of the importance of children's dental health
2. increase in number of pediatric dental providers/services within the county
3. increase in the number of children receiving both preventative and ongoing dental services

- A. Compile results of CHDP exams into computer database; use information to track children who have special needs.
- B. Develop information on dental screening options for children and promote these Prop. 10 programs through posters and/or displays.
- C. Promote workshops/trainings that increase community education/knowledge regarding health care payer sources (i.e. Medi-Cal, Healthy Families, etc.) that can be used for dental services.
- D. Pursue a comprehensive approach to distributing information about child dental health needs, including distribution of the Parent's Kit developed by the State.

Rationale: The number of dentists who accept children, and especially those who accept Medi-Cal or Healthy Families coverage and have bilingual capabilities in their office, is extremely low and not close to meeting the level of need. An understanding of the important role dental health plays in a child's overall health needs to be promoted to all families. Therefore, the strategies to address this objective focus on (a) educating the public at large about the importance of child dental health; (b) increasing availability of and access to dental services.

Potential Partners: Health/dental providers, Child Health Disability Prevention program and providers, Health Department, Women, Infants and Children (WIC), Northern Valley Indian Health, Healthy Families application assistants/program personnel, HRA, Del Norte Clinics, Head Start, Department of Child and Family Services.

Strategic Result 3: Improved Child Health: Healthy Children

Goals

3.2 All children are ensured of entering school with the best possible physical and mental health.

Objectives

3.2.2 All children are medically screened, evaluated and necessary remedial action taken prior to age five.

Indicators

1. increase in number of children covered by insurance
2. increase in referrals to medical providers
3. increased follow-through on referrals
4. increase in number of screening, evaluation and treatment options within the county

Strategies

- A. Support public education effort regarding screening resource options for children and promote these Prop. 10 programs through posters and/or displays.
- B. Support home-visitation and/or outreach programs that provide resource information, increase knowledge about insurance/payer sources (e.g., Healthy Families, Medi-Cal) and increase the number of children medically screened and/or evaluated.
- C. Compile results of CHDP exams into computer database; use information to track and follow up with children who have special needs.

Rationale: Lack of insurance and access to medical and/or screening services are frequently barriers for families. Additionally, many families do not follow through on referrals once their children have been seen. Therefore the strategies for this objective focus on expanding access to medical screenings through activities that (a) increase enrollment of eligible families in insurance programs such as Medi-Cal and Healthy Families; (b) support more in-depth case management and follow up on health referrals; (c) educate parents/caregivers on the importance and access of health screening for young children.

Potential Partners: Health/dental providers, Child Health Disability Prevention program and providers, Health Department, Women, Infants and Children (WIC), Northern Valley Indian Health, Healthy Families application assistants/program personnel, Human Resources Agency, Del Norte Clinics, Head Start, Department of Child and Family Services.

3.2.3 Behavioral and mental health is promoted and valued for children 0-5 years.

Indicators

1. increased public awareness, knowledge and understanding about what constitutes child behavioral and mental health
2. increased numbers of parents/caregivers participating in education activities specific to behavioral and mental health

- A. Pursue a comprehensive approach to distributing information about mental and behavioral health of children 0-5, including distribution of the Parent's Kit developed by the State.
- B. Support/provide outreach, education and/or home-visitation services that educate parents/caregivers on child mental and behavioral health.

Strategic Result 3: Improved Child Health: Healthy Children

Goals

Objectives

Strategies

Rationale: The components of behavioral and mental health for children, especially young children are not fully understood by the public. Many misconceptions exist about what constitutes "health" in these categories. Therefore the strategies to address this objective focus primarily on educating the public and parents/caregivers in order to develop an understanding and value for mental and behavioral health.

Potential Partners: Women, Infants and Children (WIC), Northern Valley Indian Health, Healthy Families application assistants/program personnel, HRA, Del Norte Clinics, mental health/drug and alcohol programs, Health Services, Office of Education, Discovery House.

3.3 Children live and play in safe environments.

3.3.1 Develop children's talents and increase self esteem by identifying and supporting programs and/or activities that create safer environments for children.

Indicators

1. increase number of informal caregivers completing "Trust Line" checks
2. increase number of supervised programs and activities available and attended by children throughout the county
3. increase number of youth-lead and/or directed activities/programs

- A. Promote Trustline checks for all adults and subsidized CPR/First Aid certification for the designated caregiver in license exempt homes.
- B. Promote the expansion of supervised activities for children in the 0-5 age group such as play groups, recreation programs, youth literacy programs, church activities, and parent co-ops.

Rationale: Children's physical safety includes their immediate environment and the persons within it. When children participate in programs and activities which develop their unique talents and self-esteem (e.g. sports, recreation, artistic, playgroups, etc.), both of these safety concerns should be addressed. Therefore, the strategies for this objective identify and support programs and/or activities that create safer environments for children.

Potential Partners: Child and Family Services, Glenn Medical Center, American Red Cross, Paramedic and Ambulance agencies, Glenn County Local Child Care Planning Council.

Strategic Result 4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

Goals

Objectives

Strategies

4.1 Ongoing funding exists and is used to support and maintain the programs, initiatives, and activities resulting from Proposition 10 and the Glenn County Children & Families Commission.

4.1.1 Leverage Prop. 10 resources to promote all four Strategic Result Areas.

Indicators:

1. number of new dollars coming into the county as a result of Prop 10 matching funds and/or other supports

A. Determine specific set-aside levels for Proposition 10 dollars for the purposes of grant matching.

Rationale: The flexibility of Prop 10 fund allocation to improve results within the county across the strategic result areas, coupled with the anticipation of declining future revenues (as fewer tobacco products are consumed), supports the value of using a portion of funding to increase overall services levels. Therefore, strategically using current levels of Prop 10 funding to ensure continued services for Glenn County families is the focus of the strategies for this objective.

Potential Partners: Human Resources Agency, schools, Health Services.

4.2 The Service Delivery System is available, accessible, consumer driven, and consumer focused.

4.2.1 Families will identify their own needs and participate in decision making related to needs and services.

Indicators

1. increase the number of programs/services with family and/or client developed case-plans
2. increase the number of recommendations from advisory groups, focus groups, parent groups, and other client groups related to needs and services that are implemented

A. Educate policy makers about Glenn County residents' needs and rights to these services.

B. Support programs and activities where families are involved in identifying the services they receive and how they are delivered.

C. Support systems improvement activities involving family/client evaluations and feedback.

Rationale: As identified in the Needs and Assets Assessment of Glenn County, families need more information about services that are available and assistance in gaining access to those services. Information must be communicated in a manner and language that speaks to specific populations. Additionally, families need to be invested in participating in services, and their unique needs should be considered. Therefore, the best strategies to achieve this objective are those that involve the client/family assessing their needs and evaluating service effectiveness.

Potential Partners: Health Services, Human Resources Agency, public schools, private/public health providers, Glenn Communities Working Together, Office of Education.

Strategic Result 4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

| Goals | Objectives | Strategies |
|--|---|--|
| 4.2 The Service Delivery System is available, accessible, consumer driven, and consumer focused. | 4.2.2 Access to existing and proposed services is promoted and barriers of language, eligibility, transportation and illiteracy reduced. | <p>A. Promote coordinated access to services (i.e., centralized intake, eligibility processes, coordinated case management) to minimize a family's need to travel between providers.</p> <p>B. Provide and/or support public awareness activities that promote existing services.</p> <p>C. Support expansion of existing home-visitor programs to reach more families in need of services.</p> <p>D. Enhance library-based programs to bring families together and offer family activities and parent education</p> |
| | <p><u>Indicators</u></p> <ol style="list-style-type: none"> 1. increase in number of newsletters, press releases, media coverage promoting existing and new services 2. increase in the variety of methods and mediums used to promote services 3. increased use of public transportation to access services | |

Rationale: Lack of knowledge about existing services and how to access them was indicated as a barrier that is further compounded when the primary means of promoting programs is through print mediums. Few services provide professional staff that is proficient in more than one language (English). For families that do know about the services, transportation can be a barrier. Therefore, the strategies for this objective focus on increasing the knowledge base of Glenn County families about services and how to access them, as well as reducing a family's need to travel between providers.

Potential Providers: Health Services, Health Education, Perinatal Outreach and Education Program, Women, Infants and Children (WIC), Department of Child and Family Services, Northern Valley Indian Health, Hispanic Resource Council, Southeast Asian Task Force, Office of Education.

Strategic Result 4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

| Goals | Objectives | Strategies |
|-------|---|--|
| | 4.2.3 Develop and expand the private sector to provide services and increase collaborations. | <p>A. Develop Prop. 10 Speakers Group to promote message to service groups, local organizations, county and city councils; thereby educating policy makers about Glenn County residents' needs and rights to these services.</p> <p>B. Promote the expansion of the existing provider base serving children 0-5 among policy makers (e.g., economic development, funding sources, etc.)</p> <p>C. Promote development and/or expansion of new and existing partnerships that increase services to children 0-5 years old and their families (e.g., mobile vans, in-home visitation, weekend hours, multi-lingual, etc). This includes inter-county partnerships and collaboration to leverage resources that reach isolated and/or migrant families.</p> |
| | <p><u>Indicators</u></p> <ol style="list-style-type: none"> 1. increase in number of private sector service providers 2. increased partnerships between public and private agencies, both within Glenn County and between Glenn County and other counties | |

Rationale: The number of service providers, especially health related and those accepting insurance, is insufficient to meet the Glenn County needs. It is cost prohibitive for providers to operate in some of the more remote areas of the county, yet families there are in need of services; and migrant workers have an even more difficult time in accessing these services due to the long hours and seasonal nature of their work. The strategies for this objective focus on education of decision makers and the private sector, and the expansion of services through collaboration.

Potential Providers: Health Services, Human Resources Agency, Women, Infants and Children (WIC), public and private health providers.

EVALUATION OF RESULTS

In the context of this strategic plan, **evaluation** refers to the process and methods by which the Glenn County Children and Families Commission and community stakeholders can assess the degree of progress made toward achieving the goals and objectives described in this plan as well as assess the effectiveness of funding allocation decisions.

A formal evaluation process and written report must be completed at least once each year in compliance with California Health and Safety Code Section 130150, which states:

“On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.”

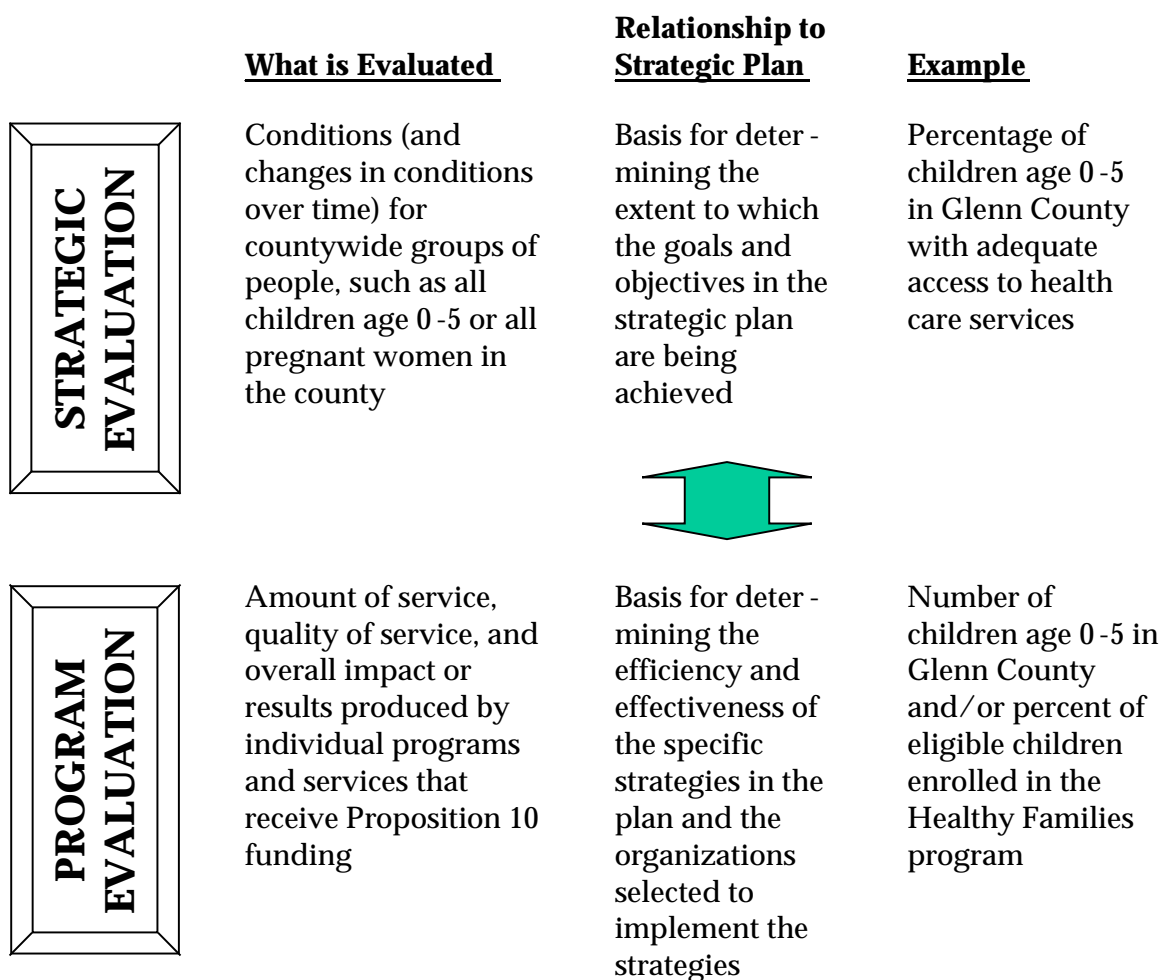
Evaluation Methodology

There are two levels of evaluation that need to be performed: ***strategic evaluation*** to assess countywide progress and achievement of the strategic goals and objectives, and ***program evaluation*** to assess the performance of individual programs and services.

Strategic evaluation looks at *populations* (demographic groups) across the county as a whole to determine the condition of young children and their families, and measures the changes in those conditions over the years that Proposition 10 has been implemented so that the impact of Proposition 10 can be objectively determined. For example, one of Glenn County’s strategic objectives is to increase access to medical and dental care for children age 0-5. To evaluate the progress and achievement for this objective, it is necessary to annually measure the percentage of children age 0-5 in Glenn County with adequate access to health and dental care. This provides an objective way to see if access to health and dental care is getting better – and by how much – from year to year. An important point to note is that many different programs and services may be involved in achieving a particular goal and objective. In the example of health care access, numerous groups including Medi-Cal, Healthy Families, the Glenn County Public Health Department, private health care providers, Head Start and others are involved in promoting health care access. The issue here is whether the system as a whole is working effectively and whether the desired results for the community are being achieved.

Program evaluation, on the other hand, focuses on the effectiveness and efficiency of individual services or activities. Here, the Commission expects to only invest in evaluating programs that receive Proposition 10 funds through the resource allocation process described in this plan. For example, if the Commission funded greater outreach activities to increase enrollment in the Healthy Families program as a strategy to increase health care access, it would be necessary to determine how many more children and families were enrolled in Healthy Families as a result of the escalated outreach efforts.

The relationship between the two levels of evaluation is shown in the diagram below.



As noted in the diagram, the linkage between the two levels of evaluation lies in the strategic plan itself. If the programs and services funded by the Commission receive high marks from the evaluation process but the countywide assessment does not show measurable improvement in the condition of children and families, different strategies may need to be adopted in order to achieve the goals and objectives. The Commission will use the evaluation results to help guide future changes to the strategic plan as well as to select programs and organizations to be funded, with the intent that over time there will be strong positive results to show from both levels of evaluation.

Performance Indicators

An “**indicator**” is defined as a specific process or performance measure – a statistic – that can be used to determine whether one or more goal(s) and/or objective(s) are being achieved. Indicators are a vital part of the evaluation process. However, it is important to recognize that

the strategic plan can (and should) only contain indicators for the strategic or countywide population-level evaluation. Performance indicators for individual programs will be identified during the process of making funding decisions and contracting with service providers.

One of the recommendations from the State Commission (an approach being adopted in many other counties as well), is to use kindergarten assessments – a thorough evaluation of the condition of children entering kindergarten – as a central way to evaluate the “end result” of the series of investments in early childhood development being made through Proposition 10. The kindergarten assessment is expected to consist of a comprehensive review of the physical, cognitive, social and emotional health and well-being of each child entering kindergarten in Glenn County. The exact form of the kindergarten assessment has not been determined but will be resolved during the implementation of the strategic plan.

The table below summarizes the initial performance indicators that are expected to be used in addition to the kindergarten assessment to guide evaluation efforts in Glenn County.

Strategic Result 1. Improved Family Functioning: Strong Families

| Goals | Objectives |
|--|--|
| 1.1 Every family is self-reliant and earning a living wage, thereby reducing economic pressures on the family. | 1.1.1 Families have increased access further education and services that enhance their financial resources. |
| | <u>Indicators:</u> |
| | 1. increase in participation levels for classes/education opportunities. |
| | 2. increase in total number of classes offered. |
| | 3. increase in multi-lingual instruction options. |
| | 4. increase in education and services provided at the local/neighborhood level. |
| | 5. decrease in the number of children living in poverty. |
| 1.2 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children. | 1.2.1 Increase the percentage of children raised in loving, informed, stable and empowered families. |
| | 1.2.2 Families and caregivers have increased knowledge, skills and confidence in their ability to successfully raise and nurture children. |
| | 1.2.3 Increase family connection with community and cultural events that broaden children's total development and individual fulfillment. |

Indicators:

1. decrease in number of children in out-of-home placements.
2. decrease in substantiated incidents child abuse.
3. decrease in incidents and/or calls for assistance related to domestic violence.
4. decrease in number of incidents and arrests for spousal abuse.

Strategic Result 2. Improved Child Development: Children Learning and Ready for School

Goals

- 2.1 Glenn County families have access to appropriate, affordable, quality child care.

Indicators 2.1.1

1. increase training options for formal and informal care providers.
2. decrease in child care staff turnover rates.
3. decrease in provider switchover rates.
4. increase in provider wages and benefits
5. increase number of licensed care providers.
6. increase in number of infant/toddler slots.
7. increased number of background checks on all adults living in licensed, exempt homes.
8. increase in number of child care settings meeting accreditation standards.

- 2.2 Children come to school ready and able to learn. Ready includes cognitive, physical, emotional and social preparation.

Objectives

- 2.1.1 Increase the quality, quantity and diversity of child care options through programs and/or activities that recruit, train and support caregivers.

- 2.1.2 Remove barriers to child care for families.

Indicators 2.1.2

1. increase number of businesses with family-friendly work policies, including child care support activities.
2. increase in participation and /or eligibility for subsidized child care.
3. increase in number of subsidized child care providers.
4. increase number of providers for special needs children.
5. increase in slots meeting languages and cultural needs.
6. increase options for care during non-traditional hours, and sick child care.

- 2.2.1 Increase the readiness of children to be in school and ready to learn.

- 2.2.2 Children are screened early and tested for sight, hearing, and learning abilities.

Indicators 2.2.1

1. increased number of child care providers receiving home-visiting services.
2. increased access and attendance in preschool
3. increased. access/participation of parents and children in activities focused on development of social, cognitive, emotional, and physical preparation.
4. increased number of eligible children participating in WIC.
5. increase in number of families in Head Start or Early Head Start programs.
6. increase in adult literacy rates.
7. increase in number of parents requesting and receiving information about early childhood development.

Indicators 2.2.2

1. increase in number of children receiving comprehensive screenings prior to enrollment in first grade.
2. increased number of practitioners and locations for conducting screenings.
3. number of children receiving follow up services/treatment as a result of early screenings.
4. number of flyers, media announcements, educational materials, and outreach educating the public about early screening.

Strategic Result 3. Improved Child Health: Healthy Children

Goals

- 3.1 All children are ensured of being born with the best possible health at birth.

Objectives

- 3.1.1 90% of women begin prenatal care in the first trimester.
- 3.1.2 Increase the proportion of children born into families that are smoke free and free of substance abuse.

Indicators 3.1.1

1. rate of prenatal care in the first trimester will increase for all women.
2. reduction of infants born with a low birth weight for all ethnic and income groups.
3. decrease in the infant mortality rate.
4. decrease in rate of prenatal exposure to alcohol, tobacco, and other drugs.
5. increase in immunization rates.

Indicators 3.1.2

1. decrease in the number of children exposed to second-hand smoke in their home environment.
2. decrease in number of parents that smoke.
3. decrease in number of drug and alcohol related referrals to CPS; and, decrease in the number of drug and alcohol related arrests, including DUI.

3.2 All children are ensured of entering school with the best possible physical and mental health.

3.2.1 Child dental health is promoted and valued for children 0-5 years.

3.2.2 All children are medically screened, evaluated and necessary remedial action taken prior to age four.

3.2.3 Behavioral and mental health is promoted and valued for children 0-5 years.

Indicators 3.2.1

1. increase public awareness and knowledge and importance of children's dental health.
2. increase in number of pediatric dental providers/services within the county.
3. increase in the number of children receiving both preventative and ongoing dental services.

Indicators 3.2.2

1. increase in number of children covered by insurance.
2. increase in referrals to medical providers.
3. increased follow-through on referrals.
4. increase in number of screening, evaluation and treatment options within the county.

Indicators 3.2.3

1. increased public awareness, knowledge and understanding about what constitutes child behavioral and mental health.
2. increased numbers of parents/caregivers participating in education activities specific to behavioral and mental health.

3.3 Children live and play in safe environments.

3.3.1 Develop children's talents and increase self esteem by identifying and supporting programs and/or activities that create safer environments for children.

Indicators 3.3.1

1. number of informal caregivers passing "Trust Line" checks.
2. number of supervised programs and activities available and attended by children throughout the county.
3. number of youth-lead and/or directed activities/programs.

Strategic Result 4. Improved Systems: Integrated, Consumer-Oriented, Accessible Services

Goals

4.1 Ongoing funding exists and is used to support and maintain the programs, initiatives, and activities resulting from Proposition 10 and the Glenn County Children & Families First Commission.

Objectives

4.1.1 Leverage Prop. 10 Resources to promote all four Strategic Result areas.

Indicators:

1. number of new dollars coming into the county as a result of Prop 10 matching funds and/or other supports.
- 4.2 The Service Delivery System is available, accessible, consumer driven, and consumer focused.
 - 4.2.1 Families will identify their own needs and participate in decision making related to needs and services.
 - 4.2.2 Access to existing and proposed services is promoted and barriers of language, eligibility, transportation and illiteracy reduced.
 - 4.2.3 Develop and expand the private sector to provide services and increase collaborations.

Indicators 4.2.1

1. number of programs/services with family and/or client developed case-plans.
2. number of recommendations from advisory groups, focus groups, parent groups, and other client groups related to needs and services that are implemented.

Indicators 4.2.2

1. increase in number of newsletters, press releases, media coverage promoting existing and new services.
2. increase in the variety of methods and mediums used to promote services.
3. increased use of public transportation to access services.

Indicators 4.2.3

1. number of private sector service providers.
2. increased partnerships between public and private agencies, both within Glenn County and between Glenn County and other counties.

As discussed in the next section, the State Commission is working on developing a statewide evaluation framework that can be used by the counties. It is likely that some changes to the indicators listed above may be necessary to fit into the overall statewide structure, once that structure has been defined.

Implementation of the Evaluation Plan

The state-level California Children and Families Commission is working on evaluation methods, data collection instruments and reporting procedures that all counties can use. As of July 2000, a state Evaluation Director had been hired and steps were taken toward making large financial and staff investments into creating a statewide evaluation infrastructure. These efforts are very costly because they require specialized expertise, efficient data collection methods,

computer systems to capture and analyze the data produced from the evaluation process, and other types of support.

Since Glenn County has a limited budget to begin with and wants to invest all possible resources into implementing its strategies (i.e. into programs and services that directly benefit children and families), the Commission will wait for the State Commission to conduct its work before completing and implementing its strategic (population level) evaluation methods. This will allow Glenn County to fully leverage the investments being made at the state level and will minimize the amount of local resources required for strategic evaluation activities.

The program-level evaluation framework will be developed and implemented during the period from January through April 2001, as the Commission makes its first round of resource allocation decisions. The steps that will be taken include:

- As part of the process of requesting funds, each organization requesting Proposition 10 funding will be asked to submit an evaluation plan that shows how the organization proposes to assess the efficiency and effectiveness of its program(s) and project(s). The Commission will provide specific guidance as to what information is sought in the evaluation plan, including a standardized format to help organizations comply with this requirement.
- During the resource allocation process, the Commission will work with the organizations selected for funding to refine their evaluation plan as needed. The final evaluation plan will then be built into the contract with each funded agency as performance criteria.
- Every six months, organizations receiving funds from the Commission will be required to collect data and submit a report on the progress and results to date of each program and project that receives Proposition 10 funds. The procedures and formats for submitting these performance reports have not been developed yet but will be determined before contracts are finalized with the funded agencies. Service providers will be allowed to build the cost of complying with the Commission's program evaluation requirements into the budget for their programs and projects.
- The Commission and its staff will reserve the right to visit service providers, inspect records, and take other appropriate measures to ensure that the performance criteria in each contract are being met. If the performance criteria are not being met and the Commission does not expect the organization to be able to make sufficient improvements, the Commission will have the option to terminate the contract and direct future funding to other services and organizations that demonstrate better results. These are necessary measures to provide true accountability for the use of the public funds with which the Commission is entrusted.

Due to the limited resources available to the county, the Commission does not expect to invest in formal independent program evaluations such as the types of evaluations performed by CSU Chico and other universities and consulting firms.

RESOURCE ALLOCATION

The allocation plan contained in this section describes the overall approach that will be used to allocate funds from the Children and Families Trust Fund to specific programs, projects and services in Glenn County. A first year budget covering the period from January 1, 2001 through December 31, 2001 is also provided.

Allocation Guidelines

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies. These guidelines will be evaluated following the first funding allocation period and revised as appropriate.

1. Funds will only be allocated to activities that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.
2. The Commission will give additional consideration to projects, programs and services that contain a systems improvement component in their approach.
3. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.
4. The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever practical to (a) attract funding from other sources so that the total monies available for early childhood development are increased, (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan, and/or (c) build self-sustaining services, defined as services that can establish a sustainable funding stream without relying on Proposition 10 monies.
5. All recipients of funding must show a commitment to accountability and be willing to work with the Commission to implement evaluation models to objectively demonstrate the cost-effectiveness and overall efficacy of their services. Furthermore, successful applicants must demonstrate an ability to be accountable and work with the Commission in evaluating effectiveness and efficacy of their services.

6. The Commission will fund programs and organizations that are best able to achieve the strategic objectives in a high quality manner, and will not be limited to selecting the lowest-cost providers of services.
7. The Commission will seek to minimize administrative costs for both its own operations and for funded programs so that the most resources possible can be focused on achieving the goals and objectives described in this plan.
8. Preferences will be given to interventions and proposals for services located or delivered in Glenn County.

Allocation Process

The Commission intends to emphasize collaborative relationships with service providers in making funding decisions and may use a formal RFP process to distribute funds to service providers and other grant recipients. In order to get the most out of Proposition 10 resources, the Commission will look for the best opportunities for linking and leveraging multiple sources of funding, and will exhaust all other resources first before relying on Proposition 10 monies to help finance a strategy. Some strategies may not require any funds from the Commission, or the necessary resources can be obtained from other sources such as grants and the State Children and Families Commission without having to expend local funds.

The basic process that is expected be used to allocate funds is outlined below. The Commission reserves the right to change the process as necessary to meet the evolving needs in the county and to best carry out the strategies in this plan.

1. The Commission and/or its representatives will publish a Request for Information and communicate with the various potential partners listed in the Strategies section of the plan in order to more clearly identify their interest in participating, existing funding and other resources, and potential opportunities to leverage funds.
2. Concurrently, a short and simple Request for Information will be issued that enables any interested organization to submit their interest in being considered for funding. The response form will ask for basic information such as a description of the proposed project, linkage with the goals and objectives in this plan, and qualifications of the organization.
3. Based on the responses from the first two steps, the Commission will look for opportunities to link agencies together to request a single collaborative proposal, and to facilitate planning activities to bring services and service providers into the County.
4. Qualified organizations and collaborative groups will then be asked to submit a specific proposal to be considered for funding. Faith based organizations are encouraged to apply for funds and will be asked to verify the segregation of service activities from faith based activities.

5. Proposals will be accepted for both Planning and Implementation Grants. The Commission will make a strong effort to make this an easy, straightforward process while obtaining the information needed to make good funding decisions. More in-depth project descriptions, budgets, and means of evaluating program / project success will be obtained at this point.
6. The Commission will carefully review all proposals that are submitted, gather additional information about each proposal as necessary, and make decisions as to which proposals will be funded (and the dollar amount of each). Contracts will then be prepared with all organizations that are funded.

Other major guidelines to be used in the allocation process are outlined in the table which follows:

| | |
|---|---|
| Funding cycle | The Commission intends to accept proposals for funding consideration once a year, to the extent that funds are available to allocate (i.e. not already committed to multi-year projects). |
| Types of projects to be considered for funding | The Commission wants to be flexible and creative, and therefore will be open to funding many types of activities including (1) direct services (e.g. child care, health care, parent education and other such services directly targeted to children and families); (2) systems improvement or capacity building efforts such as planning, technical assistance, development of new collaborations, recruitment and retention of child care providers, and other such capacity building initiatives; and (3) capital improvements (buildings, vehicles, equipment, land/site improvements, etc.). No preset percentages will be used that could limit flexibility. The Commission is invested in solutions that best meet the identified needs in Glenn County. Therefore, the Commission will <u>not</u> dictate the percentage of funding that must go to direct services versus systems improvement efforts. |
| Time period for funding | Applicants will be allowed to request funding for up to a three-year period. Projects that are accepted for multi-year funding will be evaluated every six months and must continue to meet performance and other criteria in order to continue receiving funds. The evaluation process will be structured to be supportive, not punitive, but must provide true accountability over the use of funds. |

| | |
|---|--|
| Eligible organizations | No restrictions will be placed on the types of organizations eligible for funding. Nonprofit, for-profit, faith based and governmental entities can receive funds as long as basic criteria are met such as evidence of financial stability, proof of adequate insurance, and having a business license for for-profit organizations or proof of nonprofit tax-exempt status. Faith based organizations must assert that a segregation of faith and service activities exists in order to be eligible for funds. |
| Emphasis on collaboration | The Commission will give preference to proposals submitted by multi-agency collaborations that represent a true continuum of services over proposals submitted by individual agencies that represent fragmented services. As noted earlier, the Commission will also reserve the right to work toward linking agencies together and requiring a collaborative proposal that consolidates the services and capabilities of all of the agencies in order to be open to funding. |
| Preset fund allocation percentages | The Commission will focus on investing in the specific strategies defined in this plan in the manner that it believes will best optimize the use of Proposition 10 funding. |

First Year Budget

The balance in the county's Children and Families Trust Fund as of October 1, 2000, is projected to be approximately \$600,000. This amount represents periodic allocations received from the State Trust Fund plus accumulated interest since January 1, 1999, net of all expenses incurred to date. The \$600,000 Trust Fund balance is being split into three resource pools – a Project Pool, an Operating Pool, and a Sustaining Reserve.

- ***Project Pool*** (\$300,000) – This pool represents the amount of funding initially available for programs, services and projects that implement one or more of the strategies in this plan. There is no assurance that a similar amount of funding will be available in future years.
- ***Operating Pool*** (\$125,000) – The strict requirements imposed by the state laws enacted by Proposition 10, together with the need to maintain public accountability over funds, requires the Commission to: manage a fund allocation process, issue grants and contracts, monitor those contracts, perform an annual revision of the strategic plan, gather performance data from contractors and for the county as a whole, perform public and media relations functions, provide fiscal management over the Trust Fund, perform an annual audit and create an annual report, and meet other requirements. These requirements mean that a full-time staff person, an office, and other administrative and operating costs must be incurred. A total of \$125,000 is being budgeted to meet these operating costs of the Commission; this budget is actually low for addressing the full range of operating needs but

is the most that the Commission is willing to allocate. Outside assistance is being actively sought to help cover the operating costs of the Commission which, if received, would allow more funding to be shifted to the Project Pool. The Commission will maintain six months of operating funds in a pool at all times to ensure that all costs associated with Prop 10 will be covered at all times.

- ***Sustaining Reserve*** (\$125,000) – The amount of Proposition 10 money received by the county each year will fluctuate based on birth rate ratios, and is expected to decline by 3% a year because of reductions in smoking. In order to achieve long-term sustainability of programs receiving Proposition 10 funds, \$75,000 will be set aside as a hedge against future revenue reductions and to smooth out funding when revenues are fluctuating due to year-to-year variations in the county's birth rate relative to that of the state as a whole. This reserve amount will be held in the local Trust Fund and not expended except by special action of the Commission. Each year, the Commission will assess the size of the Sustaining Reserve and determine whether to increase or decrease the amount held in reserve. In addition, \$50,000 will be set aside for purposes of grant matching or leveraging of dollars at the Commission's discretion.

A second type of reserve, called an Operating Reserve, will also be maintained to ensure that the Commission has the resources to meet all of its cash flow obligations. This is a fiscal management practice where a minimum of 5% of the annual allocation or \$15,000 is maintained in an account at all times to cover short-term cash requirements. The Sustaining Reserve will serve as a backup if the Operating Reserve is ever depleted.

It must be emphasized that this budget only reflects the direct use of funding from the Children and Families Trust Fund. As stated in the Allocation Guidelines and other sections of the strategic plan, many service providers and professionals throughout the county will be coordinating their efforts and allocating funding to programs and services that implement many of the other strategies described in this plan.

In the future, Glenn County expects to receive \$300,000 – \$320,000 per year as a direct allocation from the State Children and Families Trust Fund, based on the county's birth rate relative to the birth rates of the other 57 counties in the state. The annual allocation is subject to fluctuations and will decline steadily as statewide reductions in the rate of smoking are achieved.

Eligibility criteria to be met by potential service vendors will be articulated in the RFP for both new and existing organizations, and will include but is not limited to:

- ◆ The ability to do fiscal management and provide timely fiscal invoicing reports and an audit (for large organizations with multiple funding)
- ◆ Agree with commission principles
- ◆ Able to provide required evaluation reports
- ◆ Potential for sustainability
- ◆ Responsive to local needs with services provided in Glenn County
- ◆ Exhibits the organizational capabilities to successfully provide services
- ◆ Willing to comply with the assurances required by the Commission (includes Equal Opportunity Employer, meet drug and tobacco free workplace requirement, etc.)

- ◆ No negative variables (consumers complaints, loan defaults, etc.)

Preference will be given to proposals that address underserved populations or unmet needs as identified in this plan.

The Commission will favor applications which promote access and collaboration and whose design supports broader policies and strategic initiatives.

The Commission may elect to coordinate with other community funding processes in the development of the RFP and the distribution of funds.

In addition, the RFP process will result in a Contract outlining what the Commission (i.e. money to be funded, any training or other participation requirements will provide) and what the "grantee" will provide (i.e. reports both fiscal and program).

The Commission will monitor contractor performance and compliance with stipulated goals, objective and activities. All contractors will be held strictly accountable for the expenditure of funds. Reporting will include:

- Explanations for each major component of the budget.
- An annual report that describes how resources have been allocated and used.
- Evaluation results and process.

The published RFP will include the timeline for the distribution of funds.

CONCLUSION

Early childhood development lays the foundation for adult life, serving as the basis for children to become well-adjusted, productive citizens. The early years of a child's life form the foundation for later development. As noted previously, attention to and investment in the lives of young children is a powerful means of preventing future difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated; progress in one area affects progress in the others. Throughout this planning process, the stakeholders involved have sought to pay attention to all of the needs of children.

From the Community Needs and Assets assessment, we understand that there is a compelling need in Glenn County to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.

This strategic plan represents the first step toward a long-range effort to establish such a system so that one day all children in Glenn County will be healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

APPENDIX 1: CHILDREN AND FAMILIES ACT OF 1998

The complete text of the state laws that were implemented as a result of Proposition 10, the Children and Families Act of 1998 (as amended in June 2000 by Assembly Bill 1910), is provided here to enable a greater understanding of the laws that guide the actions of the Glenn County Children and Families First Commission.

CALIFORNIA CODES HEALTH AND SAFETY CODE SEC. 5, DIVISION 108 SECTION 130100 – 130155

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

- (a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decisionmaking, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.
- (b) The programs authorized by this act shall be administered by the California Children and Families Commission and by county children and families commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures.
- (c) This division shall be known and may be cited as the "California Children and Families Act of 1998."

130105. The California Children and Families Trust Fund is hereby created in the State Treasury.

- (a) The California Children and Families Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.
- (b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families Trust Fund.
- (c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.
- (d) Moneys shall be allocated and appropriated from the California Children and Families Trust Fund as follows:
 - (1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:
 - (A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media

on subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.

- (B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.
 - (C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.
 - (D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.
 - (E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission. Any funds not needed for the administrative functions of the state commission may be transferred to the Unallocated Account described in subparagraph (F), upon approval by the state commission.
 - (F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.
 - (G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.
 - (H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period.
- (2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.
- (A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.
 - (B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).
- (e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).
 - (f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families Commission composed of seven voting members and two ex officio members.

- (a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.
- (b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following:

- (a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.
- (b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.
 - (1) The state commission's guidelines shall, at a minimum, address the following matters:
 - (A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.
 - (B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households.
 - (C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.

- (2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.
- (3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate.
- (c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.
- (d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.
- (e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.
- (f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.
- (g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.
- (h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.
- (i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.
- (j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:

- (a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:
 - (1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:
 - (A) The establishment of a county children and families commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.
 - (i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.
 - (ii) One member of the county commission shall be a member of the board of supervisors.
 - (iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included

in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

- (B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.
- (C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.
 - (i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.
 - (ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.
 - (iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.
- (D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.
- (E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.
- (F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.
- (G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.
- (H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.
- (I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.
- (2) The county's board of supervisors has established a county commission and has appointed a majority of its members.
- (3) The county has established a local Children and Families Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).
- (c) In the event that any county elects not to participate in the California Children and Families Program, the moneys remaining in the California Children and Families Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.
- (d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to

the number of births recorded in all of the counties participating in the California Children and Families Program (for the same period), provided that each of the following requirements has first been satisfied:

- (1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.
- (2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150.
- (3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.
- (e) In the event that any county elects not to continue participation in the California Children and Families Program, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be returned to the California Children and Families Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130140.1.

- (a) In the event a county elects to participate in the California Children and Families Program, and satisfies the requirements set forth in Section 130140, the county may establish a county commission that is either of the following:
 - (1) A legal public entity separate from the county.
 - (2) An agency of the county with independent authority over the strategic plan described in Section 130140 and the local trust fund established pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (b) In the event a county elects to establish a county commission as specified in paragraph (1) of subdivision (a), the following conditions shall apply:
 - (1) The county commission shall be considered a legal public entity separate from the county, and shall file a statement as required by Section 53051 of the Government Code.
 - (2) The powers, duties, and responsibilities of the county commission shall include, but shall not be limited to, the following:
 - (A) The power to employ personnel and contract for personal services required to meet its obligations.
 - (B) The power to enter into any contracts necessary or appropriate to carry out the provisions of this division.
 - (C) The power to acquire, possess, and dispose of real or personal property, as necessary or appropriate to carry out the provisions and purposes of this division.
 - (D) The power to sue or be sued.
 - (3) The county commission shall be deemed to be a public agency that is a unit of local government for purposes of all grant programs and other funding and loan guarantee programs.
 - (4) Any obligations of the county commission, statutory, contractual, or otherwise, shall be obligations solely of the commission.
 - (5) All claims or actions for money or damages against a county commission shall be governed by Part 3 (commencing with Section 900) and Part 4 (commencing with Section 940) of Division 3.6 of Title 1 of the Government Code, except as provided by other statutes or regulations that expressly apply to county commissions.
 - (6) The county commission, its members, and its employees, are protected by the immunities applicable to public entities and public employees governed by Part 1 (commencing with Section 810) and Part 2 (commencing with Section 814) of Division 3.6 of Title 1 of the Government Code, except as provided by other statutes or regulations that apply expressly to the county commissions.
 - (7) If a county board of supervisors elects not to continue the county's participation in the California Children and Families Program, the board shall adopt an ordinance terminating the county commission.
 - (A) In terminating its county commission, the board of supervisors shall allow, to the extent possible, an appropriate transition period to allow for the county commission's then-existing obligations to be satisfied.
 - (B) In event of termination, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be distributed pursuant to subdivision (e) of Section 130140.
 - (C) Prior to the termination of the county commission, the board of supervisors shall notify the state Children and Families Commission of its intent to terminate the county commission.

- (D) The liabilities of the county commission shall not become obligations of the county upon either the termination of the county commission or the liquidation or disposition of the county commission's remaining assets.
- (c) If a county elects to establish a county commission as provided in paragraph (2) of subdivision (a), the county commission shall be deemed to be an agency of the county with independent authority over the strategic plan described in Section 130140 and the local Children and Families Trust Fund established pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (d) Any county commission established prior to the effective date of this section that substantially complies with the provisions of either subdivision (b) or (c) shall be deemed to be in compliance with this section.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.

- (a) The audits and reports of each county commission shall be transmitted to the state commission.
- (b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.
- (c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.
- (d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act:

- (a) "Act" means the California Children and Families Act of 1998.
- (b) "County commission" means each county children and families commission established in accordance with Section 130140.
- (c) "County strategic plan" means the plan adopted by each county children and families commission and submitted to the California Children and Families Commission pursuant to Section 130140.
- (d) "State commission" means the California Children and Families Commission established in accordance with Section 130110.

CALIFORNIA CODES
REVENUE AND TAXATION CODE
CHAPTER 2 OF PART 13, DIVISION 2
SECTION 30131 – 30131.6

30131. Notwithstanding Section 30122, the California Children and Families Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article: (a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997. (b) "Tobacco products" includes, but is not limited to, all forms of cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills (\$0.025) for each cigarette distributed. (b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.

APPENDIX 2: COMMUNITY ASSESSMENT RESULTS

This appendix contains more detailed information about the methods used by the Commission to evaluate community strengths and needs, and the findings from the assessment process.

Data Collection Methods

A three-tiered approach was used to obtain the information for the needs and assets assessment.

1. A tremendous number of reports, studies, surveys, community forums, and other information-gathering activities have been performed during the past five years that provide valuable input to the issues facing young children and their families. A concerted effort was made to identify all existing sources of relevant data, obtain and review copies of materials, and incorporate the results into the needs assessment. A list of materials that were used in preparing this report can be found in Appendix 4.
2. Three community forums or "town meetings" were held in different locations within the county. Town meetings were conducted in Willows, Hamilton City and Orland. The purpose of the town meetings was to obtain direct, interactive opinions from people in the community regarding the primary needs of young children and families with young children and the extent to which existing community resources are meeting those needs. Discussion groups were conducted in English with Hmong and Spanish interpreters to help overcome language barriers. A total of 42 people attended the town meetings.
3. Two separate surveys were conducted. One survey targeted parents, seeking specific information regarding the needs of young children and families, knowledge of existing services, barriers to accessing services, and desired changes in services. A total of 192 responses were received from parents and other community members. 79.8% of the respondents live in the Willows, Fruto, Orland, or Newville area; 8.1% live in other areas of the county; and, 12.1% did not identify place of residence. The survey respondents' ethnicity was:
 - 52.5% Caucasian,
 - 32.1% Hispanic/Chicano/Latino, and
 - 12.4% from other groups, including Hmong, Chinese, Portuguese, and American Indian.

No parent survey respondents were received which identified the respondent as African American.

In addition, other noteworthy characteristics of the respondents include:

- 52.3% of 141 respondents identified their age between 27 and 43 years old.

- 87.2% indicated they have 1-4 children living in their homes, and
- 118 of those children are between 0 and 5 years old.

The tabulated results of the parent survey are contained in Appendix 5.

The second survey targeted service providers and professionals who work with young children and families. This survey solicited input regarding available resources, primary needs of families and young children within each of several different topic areas (health care, child care, early childhood development, parenting, and other), and strengths of the existing system of services within the same topic areas. A total of 261 surveys were issued, which included all kindergarten – grade 3 teachers and child care providers in the county, and only 12 provider responses were received (4% response rate). This response rate is considerably lower than anticipated. However, the results of the surveys do correspond with the results of the analysis of existing data, the parent survey results and the town meetings. Further, a number of participants in the town meetings identified themselves as service providers as well.

The extensive amount of information gathered and the consistency of findings across all data sources should create a high level of confidence in the validity of findings in this report.

This section contains a compilation of community needs developed through analysis of publicly available data, county agency reports, previous needs assessments conducted by various groups, and community-based surveys. A wealth of current data on community needs was provided by existing service organizations. Of particular use was the Economic and Demographic Profile of Glenn County, provided by Glenn Communities Working Together community group.

In addition, the Advisory Council on Health and Nutrition Issues established by the Department of Child and Family Services, "devoted two meetings in 1999 to the issue of discussing and developing a list of the unmet health needs of children in Glenn County from conception to age 5 with the specific goal of presenting their findings to the Children and Families Commission." Those results are also reflected in this section.

The Glenn County Child Care and Development Council shared their county-wide priorities related to child care and development services.

Finally, the Rural Gang Initiative surveyed the community on a number of issues related to the youth gang problem, and shared their results, published in February 2000, as well.

Focus groups and other forms of outreach have been completed for the Children and Families Commission, and the results have been integrated into this section.

The analysis of community needs is organized by issue or topic area, as follows:

- Health
- Education
- Economics and Housing

- Safety
- Child Care and Child Development
- Unique Issues
- Recreation
- Transportation
- Special Needs and Other Family Issues

Health

Access to health and dental services for children was identified as the major challenge effecting children in both the parent and provider surveys conducted for this assessment. 100% of respondents to the parent survey said that access to health care was a “very large problem” for both themselves and their children; 50 of the respondents ranked it as a “5” (a very large problem for their household). Service providers surveyed indicated that they believe that the health care system in the county is inadequate to meet the needs of children and families.

A greater percentage of Glenn County's population receives subsidized medical care than California as a whole. In addition, the county has higher rates of infants born to women that received late or no prenatal care than the state. Glenn County residents' access to medical care within the county boundaries is lower than in the state on average. There are fewer hospital and long-term care beds and many more persons per doctor within the county than in California. Glenn County averages 2,441 persons per doctor--over five times the state average of 417. The problem related to dental care is even more severe with 4,475 persons for every dentist. Access is impacted by several significant factors:

1. **Number of providers.** There are a relatively low number of health care providers in the county. The Children Health and Disabilities Prevention program, the early intervention programs and the Glenn County Public Health Department provide some children's health services. The Hamilton City Medical Clinic, the Orland Family Health Center and the Glenn Medical Center in Willows all provide CHDP services. The Orland Family Health Center and the Northern Valley Indian Health in Willows are dental providers for Medi-Cal. Two other providers are located in Chico. The lack of pediatric dentists and pediatricians was noted by parents and providers in surveys.
2. **Lack of insurance / ability to afford health care.** The parent survey conducted for this assessment found that 18.8% of parents do not have health insurance for themselves and 22% do not have health insurance for their children. Of those survey respondents with health insurance, 40% of them were relying on MediCal for their insurance.
3. **Location of services and lack of transportation.** Many people in Glenn County are precluded from seeking health services from outside the county due to both distance and geographic/climatic barriers. The distances and travel times from Willows to the other medical services are 39 miles to Chico, 1 hour travel; 59 miles to Marysville / Yuba City, 1 hour 40 minutes travel; 48 miles to Red Bluff, 55 minutes travel; 78 miles to Redding, 1 hour 30 minutes travel, and 85 miles to Sacramento, 1 hour 40 minutes travel.

During the three to four month winter period, heavy fog and flooding can cause road closures and/or hazardous driving conditions. These conditions are exacerbated by the lack of reliable personal transportation for many people. Even within the county, most available services are centralized in Willows, Orland and Hamilton City where transportation represents a major barrier for many families living in the unincorporated areas.

In addition, nine findings on the unmet health needs of the children of Glenn County were forwarded to the Commission by the Advisory Council on Health and Nutrition Issues. Those findings include:

1. Lack of breast feeding resources and education, particularly in the first two weeks.
2. Limited dental resources and education for parents.
3. Lack of follow-up services and providers who cans serve children with hearing problems.
4. Limited mental health services.
5. Anemia prevention, as there is a high incidence of anemia among young children in the county.
6. Lack of car seat education and resources for parents of young children.
7. Lack of learning opportunities for young children and their parents.
8. Limited resources and parent education regarding head lice.
9. Limited prenatal care, particularly among teens.

The table below summarizes key indicators of health status for pregnant women, babies, young children, and parents.

| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|---|--|---|
| Percentage of live births to women who did not receive adequate prenatal care | 44.9% in 1992-94 41.7% in 1994-96 (County Health Status Profiles, 1995-1998) | This has been a consistent problem in the county; the 1994-96 rates represent an improvement over the preceding years, but still exceed the state percentage by a full 10%. In addition, the state target is 90%. Glenn County ranks 29 of 49 rated counties on late or no prenatal care. |

| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|--|---|--|
| Percentage of live born infants whose mothers received adequate prenatal care (based on the Adequacy of Prenatal Care Utilization Index) | 74.2% in 1997 67.3% in 1996 65.8% in 1995 (California Department of Health Services, Vital Statistics of California) | The 1995 – 1997 rates indicate improvement each year but still show an extremely high rate of inadequate prenatal care. The percentage of live births to women that did not receive adequate prenatal care decreased in California between 1990 and 1996, and the rate is consistently worse in Glenn County than in the state as a whole. |
| Low birth weight (less than 2500 grams at birth) | 20 in 1997, 4.68% of all births (California Department of Health Services, Vital Statistics of California) | This number has consistently been better than the state average of approximately 6%. The number of very low birth weight (less than 1500 grams at birth) was 4 in 1997, or just under 1% of all births. Glenn County has the lowest rate of low birth weight births among 49 ranked counties. |
| Infant/child mortality | | The Fetal and Infant Mortality Review project for Butte and Glenn Counties identified the following issues/causes contributing to infant mortality in Glenn County: |
| Number of infant deaths at or before birth | 1 in 1996; 3 in 1997; 3 in 1998. | <ul style="list-style-type: none"> • under utilization of existing services • lack of community and patient education |
| Number of deaths from 0-1 years old | 2 in 1995; 1 in 1997 | <ul style="list-style-type: none"> • lack of preconception care • medical care issues |
| Number of deaths from 2-12 years old | 1 in 1995; 1 in 1996 (California Department of Health Services, Vital Statistics of California) | <ul style="list-style-type: none"> • lack of tertiary care facilities, and • need for increased access to Medi-Cal/other payment systems |
| Proportion of mothers who initiated exclusive breastfeeding | 49% in 1997 (Children Now California County Data Book '99) | The Healthy People 2000 objective is to increase to at least 75% the proportion of mothers who breast-feed their babies in the early postpartum period. |
| Maternal HIV infection | 0 cases reported between 1992 and 1995 | |

| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|--|---|---|
| Head Start Children in need of dental and medical services | 57 of 180 children screened, needed medical treatment in 1998-99, while 111 of 181 children screened needed dental treatment. | Medical treatment was predominantly for anemia (36), overweight (18), asthma (3), seizures (3), vision problems (2), high lead levels (1) and underweight (1). |
| Anemia | 36 of 196 children (18.4%) enrolled in Head Start were treated for anemia. (1998-99 Project Head Start Annual Report) | There is a high incidence of anemia among young children in the county as noted in the Advisory Council on Health and Nutrition Issues and as seen by the numbers treated at Head Start in 1998-99 (36). |
| Tobacco use | | Glenn County Health Education, a unit of Glenn County Health Services, has a three-year grant for tobacco education and prevention. Programs and services include at least two cessation classes, tobacco education, and a program called Captain Clean Air to preschool children all over the county including Head Start. |
| Substance abuse | From 6/1/99 to 6/2/00, 260 clients received outpatient substance abuse treatment services 110 with alcohol as the primary drug of choice, 150 with drugs as the primary drug of choice. (Glenn County Health Services Substance Abuse Office) | |

Other health care and wellness issues that have been identified:

- The ability to address the health wellness issues facing Glenn County is impacted by the rural nature of the county, the dispersed population, and the challenges presented by insufficient transportation options.
- Language represents a barrier for Spanish- and other non-English-speaking families accessing and communicating specific needs/concerns with health care providers.

Education

A number of programs are operated that provide educational options to a variety of populations. Programs include adult education offered through the Glenn County Office of Education, Butte College, English as a Second Language, School to Work, and the William Finch Home School.

The Court School was established in 1996 for students who have been placed in Juvenile Hall. The Opportunity School also provides services to at risk youth, and served 75 kids in 1996.

School children in Glenn County experience smaller class sizes than their counterparts in many other counties according to Children Now, ranking 9th out of 58 counties. However, the county ranks poorly (51 out of 58 counties) in the percentage of 3rd graders reading at or above the national average, at 42%.

Adults in Glenn County are far behind the rest of the state in education. 36% of the adult population have some college experience, compared to 52% statewide. 34% of county adults do not have a high school degree compared to 25% statewide. Hamilton City has the highest number of adults without a high school diploma.

In Hamilton City, 42% of the population 18 and over have less than a ninth grade education and over 60% do not have a high school degree. This is also where the majority of the Hispanic population is based. Willows, while still below the state average, has 30% of persons 18 and over without a high school diploma and 11.5 percent with a four year degree or more.

In 1998, there were a total of 5,700 students in grades K-12 in Glenn County, of which 1,782 were students at the seven sites with K-3 classrooms. The school system consists of Hamilton Union Elementary, Lake Elementary, Orland Joint Unified, Plaza Elementary, Capay Joint Union Elementary, Hamilton Union High School, Princeton Joint Unified, Stony Creek Joint Unified and Willows Unified. Adult education programs are available at the Office of Education in Willows and at the Hamilton Union High School.

Economics

The table below highlights characteristics of the county in terms of economic factors.

| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|-------------------------|--|--|
| Unemployment rate | 13.5% in 1998 13.2% in 1997 15% in 1996 (California Employment Development Department, Labor Market Information Division) | Unemployment is consistently high within the county, in part because of the seasonal nature of employment in agriculture. Employment is largely influenced by crop productions and reflects the seasonal nature of agricultural employment. The monthly employment rate can shift by as much as 6 percent based upon the season. The unemployment rate is in sharp contrast to the state unemployment rates for the same period which ranges between 6 and 7 percent and fluctuates by only one percent from month to month. |

| <u>Attribute</u> | <u>Profile</u> | <u>Trends and Notes</u> |
|-------------------------|---|---|
| Per capita income | \$17,829 in 1997 \$17,462 in 1996 \$15,759 in 1995 | The 1997 per capita income was roughly \$8,000 less than the average for the state of California. Relating this to the target group of Proposition 10, in 1995 29 percent of children ages 0 – 4 lived in poverty. The per capita income in Hamilton City is 50 percent of the state average, while it is 60 percent of the state average in Willows and Orland. (California Now) |
| Median household income | \$26,293 in 1995 \$22,831 in 1989 | The median household income in Glenn County was significantly lower than the state level of \$36,767 in 1995. |
| Poverty level | 26% of children ages 0 to 17 were living in poverty in 1995, with 29% of children ages 0 to 4 living in poverty (U.S. Census) | In 1990, 17 percent of the population lived below the poverty line, with 46 percent living below 200 percent of the poverty line. 95 percent of agricultural families are living at or below the poverty level. |

Twenty percent of children ages 0 to 5 in the county received TANF. In addition 1,152 children ages 0 to 4 participated in receiving WIC assistance in 1997, which was only 78 percent of those eligible to receive assistance.

Safety

One aspect of safety relates to the overall crime rate, and particularly crimes of violence. Statistically, crime rates are low in the county compared to the rest of California. The rate of violent crime per 100,000 population in Glenn County is less than half the rate for California as a whole. In 1997, there was one report of an injury and one report of a death related to guns for children ages 0-17.

Specific safety issues that impact children and families are domestic violence and child abuse. There was one instance where a female was hospitalized in Glenn County in 1996 for violent injuries. However, Glenn County has a disproportionately high number of calls for assistance related to domestic violence, compared to the state rate. In 1997, 16 percent of calls for assistance (299) were domestic violence related, compared to 9 percent statewide. In addition, there were 48 arrests in 1997 for spousal abuse. This number has increased every year since 1995, and while it used to be significantly lower than the state percentage, it has now pulled even with the state in percentage.

According to the Glenn County Rural Gang Initiative Assessment, law enforcement has identified and validated 150 active gang members and 72 associates in Glenn County with ages ranging from 10 to 24. They account for one third of all violent crime in the county, the number of which has doubled in the past three years. There is a higher gang activity in Orland, but

activity is also present in Willows and Hamilton City. Over a three- year period used to study gang activity, the most common gang offense was graffiti and vandalism (34 percent). 114 crimes or 16percent of gang crime included violence against others (assault with a deadly weapon [34], assault and battery [73], drive-by shootings [6], attempted murder [1] and manslaughter [1].)

A breakdown of 1997 referrals to Child Protective Services (CPS) is:

| | |
|-------------------|------------|
| Sexual abuse | 135 |
| Physical abuse | 203 |
| General neglect | 378 |
| Severe neglect | 11 |
| Emotional abuse | 111 |
| Exploitation | 8 |
| Parent Incapacity | <u>148</u> |
| Total | 1,006 |

In addition, in 1999, the average number of children placed in foster care was 84. Early figures for 2000 show the numbers remaining at or near the same level.

Child Care and Child Development

The economic and demographic profiles of Glenn County indicates that a high percentage of working parents are in need of child care and have high poverty levels, meaning they can not afford child care. A profile of the child care situation in Glenn County provided by the 1999 California Child Care Portfolio from the California Child Care Resource & Referral Network shows a number of important factors.

| | |
|--|----------|
| Children ages 0 – 5 living in households with two employed parents or an employed single head of household | 1,036 |
| Average cost per month for preschool child care | \$350 |
| Care for two children as % of median income | 32 % |
| Average salary of Head Start teacher | \$17,960 |

- Number of Head Start Classes: 7
- Enrollment:
 - 2 year old = 6
 - 3 year old = 71
 - 4 year old = 113
 - 5 year old = 6
- Total funded enrollment: 156
- Child care centers (note: all but 7 of the available slots are for child ages 0 – 5) 191 in 7 centers, a reduction of 105 slots (35%) from 1996
- Family child care homes 382 slots in 37 homes, an increase of 4 slots (1%) from 1996
- Total number of full time licensed care slots available 335

Children needing child care: (7/99 to 1/00)

- Infants 819
- Preschool 1,695
- School age 2,514
- Total

Care available during non-traditional hours None in licensed centers, available in 46% of family child care homes

In 1995-96, a study of Glenn County Child Care Needs, commissioned by the Glenn County Local Child Care Planning Council in conjunction with the Human Resource Agency concluded that there are three distinct populations and corresponding issues related to child care in Glenn County.

1. There is a stable population of 1/3 of the county that has the resources and income to handle their child care needs.
2. There is a second 1/3 of the county that is just barely getting by related to their child care needs via the ongoing balancing of their income and child care expenses.
3. A third group is similar to the second except with lower income, but is making do with public assistance and subsidized care.

The study estimated that given current population and economic trends in the county, the population seeking and /or receiving subsidized care will increase and eventually exceed current care capacity by about 200 percent. (A study of Glenn County Child Care Needs)

Access to child care and early childhood education programs (preschools) and extra curricular/after school programs were identified as major issues throughout the town meetings and surveys, second only to cost of living and eligibility restrictions for accessing services. 35 respondents (24 percent) to the parent survey stated that access to affordable child care was one

of the biggest challenges affecting the well-being of young children. Specific barriers to child care access that were consistently identified:

- ✓ Not enough child care slots available, specifically for infants/toddlers
- ✓ No special needs services
- ✓ Few or no options exist for parents who need child care in early morning or evening hours, care for sick children, or temporary/drop-in care that would allow the parents to access other services
- ✓ The cost of care is prohibitive for many parents who do not qualify for subsidies or programs like Head Start

"Taking Care", the long range child care plan for Glenn County, distributed by the Local Child Care Planning and Development Council also held community meetings and distributed a survey to assess the child care needs for Glenn County. The top three needs identified are:

1. Increased after school child care resources, primarily for ages 5 to 12.
2. Increased infant care.
3. Child care for sick children.

As a result, they created a work plan which included four focus areas, which are:

1. Increase the supply of available child care specifically after school care, infant care and sick children care.
2. Increase child care options.
3. Create a comprehensive child care system.
4. Create a community that accepts child care as an issue which impacts the community as a whole.

In the recent town meetings a strong interest was expressed by parents and providers alike in expanding the number of preschools in the county. For children age 3-5 in particular, preschools are viewed as an excellent means of assessing and addressing early childhood education needs in a safe and healthy environment that also meets the child care needs of parents.

Unique Issues

The 1990 U.S. Census noted that 17 percent of the county's population or roughly half of the total Hispanic population at that time spoke limited or no English. If this ratio is still valid today, it is estimated that between 20 – 25 percent of the current population of the county speaks little or no English given the overall rise in the number of Hispanic/Latino persons in the county. Over a third of respondents to the parent survey conducted for this assessment indicated that language issues represent one of the greatest challenges they face as parents. Additionally, almost 43 percent of the county's births in 1997 were to Hispanic women, indicating a need for culturally sensitive services.

The combination of poverty, language barriers, lower educational attainment, and lower wages experienced by Hamilton City residents creates unique needs related to service delivery and location.

The county also has a Hmong population which presents additional cultural and language issues for consideration.

The Grindstone Indian Rancheria in Western Glenn County near Elk Creek is home to about 150 people. In addition, other Native Americans live in Glenn County away from the Rancheria. Needs and issues for residents of the Rancheria include:

1. Transportation – causes many to leave the Rancheria and move to town.
2. Jobs – few or none, seasonal and low pay.
3. Day care – Even Home Base, a form of Head Start, did not operate this year because only two children were the right age for the center. It will resume operation with an increased client load.
4. Parent education.
5. Special services for teen parents.
6. Early prenatal care needed.
7. No organized play activities. Attend Elk Creek schools; heavy dropout rate.

Recreation

Recreation opportunities vary from town to town throughout the county. Orland and Willows each has a Parks and Recreation Department. Some play equipment and basketball or soccer facilities are school based, and available when school is not in session. In Willows, Jensen Park is a 20-acre park which contains two little league fields, two adult softball fields, the first phase of three phases of planned play equipment, two covered gazebos and several horse shoe pits. The Sycamore park is a 10 acre park co-located with the City swimming pool, a walking path and four tennis courts. A skate park is also planned for this location. The Willows recreation department also has mobile soccer goals and backstops that are moved to various sites for soccer and little leagues.

In the City of Orland, four parks are available for public use. Vinsonhaler Park is 17 acres and includes two large swimming pools with a separate wading pool, a baseball field, a lighted softball field and a lighted baseball fields, two tennis courts, two children play areas, horseshoe pits and picnic areas. Lely Aquatic Park is a 20 acre park that includes children play areas, a fishing pond, walking and biking paths, softball fields, a little league field, horseshoe pits and a basketball court. Two smaller parks are also located in town such as Spence Park, a 2 acre park with little league fields and Library Park, a 2.5 acre park with picnic areas.

These are important resources for outdoor recreation for children of all ages. The town meetings and parent survey conducted for this report both indicated a strong interest by parents in enhancing the recreational options for young children and families. Recreation for children varies in availability depending on the size of the community. Little League, Pee Wee Football and Soccer are available to most children in the county. However, the expense involved and transportation is a likely barrier to some families. Other organizations such as 4-

H, Girl Scouts and Boy Scouts are available but not typically accessed by low income or monolingual Hispanic families. Few youth recreational programs extend to children age 0 – 5.

Transportation

Glenn Ride, based in the City of Willows provides local public transportation. Service from Willows to Chico is offered six times a day Monday through Friday, and three times on the weekend. The route passes through Artois, Orland, and Hamilton City. The route does not connect with the rest of the County, which is why the personal automobile is the most common form of transportation for local travel. Individuals wishing to travel regionally can access transportation from Willows via the Greyhound Bus Company, or by personal automobile.

Glenn County has a higher average ratio of vehicles available for personal use per household unit than the state as a whole, as indicated in the table below. Vehicles that were non-operational or used for work were not included in the data.

| <u>Number of Vehicles</u> | <u>Glenn County</u> | | <u>California</u> | |
|--------------------------------------|----------------------------|-------|--------------------------|-------|
| None | 596 | 6.8% | 923,104 | 8.9% |
| 1 | 2,715 | 30.8% | 3,451,654 | 33.2% |
| 2 | 3,460 | 39.2% | 3,914,755 | 37.7% |
| 3 | 1,444 | 16.4% | 1,459,481 | 14.1% |
| 4 | 430 | 4.9% | 451,452 | 4.3% |
| 5 or more | 176 | 2.0% | 180,760 | 1.7% |

Nonetheless, transportation represents a significant challenge for many people seeking to access services within the county. The majority of residents need to travel to access health services and other services. 156 parents (99 percent) responding to the survey conducted for this report labeled transportation as one of the challenges facing their household, with 24 respondents ranking it as the most significant problem. In the provider survey, lack of transportation was noted as the biggest barrier to accessing health care services (75 percent of respondents listed transportation as one of the top three barriers) as well as a major barrier to accessing child care, parent education, and other children and family services.

Special Needs and Other Family Issues

There are three agencies that track and serve special needs children including the Far Northern Regional Center, the Special Education program through Early Start and California Children's Services (CCS). According to CCS, the major problem encountered by children with special needs in Glenn County is that because of the small numbers of special needs children, services such as physical therapy, services for deaf children, or specialists for cancer, autism, etc. are often an hour away. CCS served 295 children in Fiscal year 99-00. Of those, 74 were referred for some medical need but did not qualify for services. During the 1999-2000 school year, the Early

Start Program specialist in the Glenn County Office of Education worked with 12 children from Glenn County with special needs.

Fifty-six survey respondents identified themselves as having children with special needs. This equals 34 percent of all respondents. Not all indicated the type of special need, although 22 indicated a learning disability, 3 indicated a physical disability and 10 listed other.

Thirty total children were diagnosed with a disability in Head Start classes last year. Services provided included:

| | |
|-------------------------------|----|
| 1. Health impairment | 4 |
| 2. Speech/language impairment | 23 |
| 3. Mental Retardation | 1 |
| 4. Orthopedic Impairment | 1 |
| 5. Autism | 1 |

Early screening and assessment was identified an unmet community need in town meetings and parent surveys.

Twelve of the survey respondents said that education about special needs was a big problem or challenge affecting their young child.

COMMUNITY RESOURCES

Most of the social programs and human services available within the county are operated by Glenn County. A few additional services are offered by Orland and Hamilton City, mainly in the area of public safety and recreation. The table below provides a summary of existing government-based services and agencies that directly or indirectly benefit children in the prenatal to age five category.

| Program | Description | Current Service Levels |
|---|---|--|
| <u>HEALTH</u> | | |
| Child Health and Disability Prevention (CHDP) | Public Health Provides physicals, immunizations and other health and dental services for children up through completion of high school. Income guidelines exist to determine eligibility for CHDP services. | A total of 4,300 children were served by CHDP during the period of 1998-99. Of that, 600 children were referred for dental needs and 1,297 were referred for nutritional care. |

| Program | Description | Current Service Levels |
|--|---|---|
| Maternal Child Health | Addresses a diverse range of health issues including infant and child mortality, births to teens, access and early entry to prenatal care, and specialty care services for children with special health care needs. | Primarily administrative. Community assessment, planning and the overseeing of other programs (e.g., POE, AFLP, CalLearn, etc.). |
| Perinatal Outreach & Education/Pregnancy Counseling & Guidance | Provides education and referral to women from preconception through early postpartum. Focus is on women attaining early and continuous prenatal care and linking their infants with available services and providers. | During the past year 450 women and children were contacted through outreach program. 111 women received services and 201 were referred to other agencies. |
| Access for Infants and Mothers (AIM) | Provides low cost coverage to moderate-income pregnant women and their infants. | Currently 39 are enrolled in program in Glenn County. |
| Adolescent Family Life Program Cal Learn | Provides case management to pregnant and parenting teens | 48 clients served last fiscal year. |
| California Children's Services (CCS) | Provides case management to pregnant and parenting teens. Case management and payment source for children with serious medical conditions. | 30 clients served last fiscal year. 16 clients are currently enrolled. There are currently 150 children enrolled in this program. Last year 216 referrals were processed and 53 new cases opened. |
| Case management | Routine assessment, referral and assistance in obtaining services for at risk children and families. | Currently under staffed and under funded. |
| Immunization Program | Provides required childhood immunizations via clinics. | In the 1999-2000 fiscal year, 2,462 immunizations were given to Glenn County children. |
| Mental Health | Counseling Services for families. For children under 5, counseling, assessment, and psychiatric evaluations are available. | Last year 126 referrals were processed and 105 cases opened for children ages 1-17. A children's system of care program just started. |

| Program | Description | Current Service Levels |
|------------------|---|---|
| Drug and Alcohol | <p>Programs are conducted on "look-alike candy vs. medicine," drug awareness and refusal skills for preschool students, as well as information for parents during Red Ribbon Week by Health Education.</p> <p>The Drug and Alcohol staff provides groups for youth and adults on the following topics: relationships/intimacy, co-dependency, relapse prevention, women's issues, anger, and self-esteem. These behavior modification groups are centered on the client's own drug or alcohol use. Many of the participants are parents or potential parents.</p> | <p>In the past year programs were presented to 600 children. Of these, 220 were preschool age.</p> <p>In the past fiscal year, 218 clients have completed these programs.</p> |
| Discovery House | A program for women in recovery (pregnant or parenting) and their children. Parenting and life skills classes are offered. Children are referred to Head Start for kindergarten readiness. | 30 women and their children completed this program last year. |
| Medi-Cal | Health, dental and vision care insurance designed to increase access to care and lower the costs of care for low-income persons. Income limits and other criteria must be met to be eligible. | In October 1998, over 5,000 persons were eligible to receive MediCal (18% of the county's population). |
| Healthy Families | A health insurance program, separate from Medi-Cal, designed to increase access to care and lower the costs of care for low-income persons. Income guidelines must be met to be eligible but in general these income limits are higher than those for Medi-Cal. | Glenn County has 693 subscribers enrolled in this program. |

| Program | Description | Current Service Levels |
|---|--|--|
| <u>HEALTH EDUCATION</u> Glenn County Health Services | | |
| Tobacco Education | <p>Glenn County Health Education is a unit of Glenn County Health Services and provides a variety of education programs outlined below.</p> <p>Provides education and prevention. A program called Captain Clean Air is provided to preschool children including Head Start. Incentives are awarded to parents who maintain a ban or partial ban of ETS in homes and vehicles. In addition, the unit promotes the California Smoker's Helpline and the Chewer's Helpline, free telephone counseling services designed to provide cessation services to anyone at any time.</p> | <p>The tobacco cessation program has had very few participants who are parents of young children. Two parent-teacher groups have participated in tobacco education since October of 1997. However, the number of callers from Glenn County to the Smoker's Helpline has grown from 15 in 1997 to 84 in 1999. The number of smokers in the county decreased from 22.3% in 1993 to 21.1% in 1996, which still exceeded the average for the state. The newest statistics show an increase in smokers over 1996 figures of 21.1% to currently 24%.</p> |
| Lead Education | <p>Programs are presented to Head Start parents at meetings; PSAs are used to increase awareness of testing and prevention.</p> | <p>This program was not funded last year but has been funded and will be starting again this year.</p> |
| HIV/AIDS | <p>HIV education is available for children of all ages (preschool and elementary children learn about "germs.") HIV testing is available free of charge.</p> | <p>Education provided for all ages. HIV testing provided free of charge.</p> |

| Program | Description | Current Service Levels |
|-------------------------------------|--|---|
| <u>EDUCATION</u> | | |
| Glenn County Public Schools | Four unified school districts within Glenn County combine to provide comprehensive education for kindergarten through 12 th grade plus adult education programs. They also serve Princeton and Elk Creek (in Colusa County). | <p>The kindergarten through 12th grade student population was 5,700 in October 1998. 1,782 of these students were in kindergarten – 3rd grade classrooms.</p> <p>Three of the Districts have continuation schools, and each district operates their own Community Day School for 7th and 8th grade youth expelled from their schools.</p> |
| Migrant Education | Provides supplemental educational and supportive services for eligible children who have moved across state or school district lines with a parent or guardian who is seeking temporary or seasonal agriculture work. | A total of 413 children age 0 – 5 were served by Migrant Education in 1999. 74 of these children, all age 3-5, participated in the Early Childhood Education Home-Based Program. |
| Tobacco Education | Coordinates education and intervention efforts designed to reduce tobacco use in schools. | 4-6,000 youths per year including repeats are provided information regarding health including tobacco use. |
| Glenn County Libraries | Glenn County has libraries in Willows and Orland that operate separately. Willows operates two branch libraries at Elk Creek and Bayliss, and has a tailgate traveling library that runs the first and third Friday of each month. The Willows library also operates a literacy program on East Laurel Street. | Children's Story hour operates in the winter; there is a summer reading club and computers are available for use in Willows. No programs are offered at the two branch libraries. |
| Glenn County Human Resources | The Social Services and Community Action Divisions of the HRA combine to provide comprehensive services to county residents at three county sites; Willows HRA, Orland HRA and the Family Resource Center in Orland. | Special needs are accommodated such as assistance with homelessness, rental assistance, eviction prevention, food bank and utility assistance. |

| Program | Description | Current Service Levels |
|---|--|--|
| Child Abuse Mandated Reporter Training | Trainings will be provided to educate and increase awareness of mandated reporting in Glenn County. 50% of the training will be targeted to providers of services for the zero-five population | This program will be implemented January 1, 2001 and will serve 300 mandated reports in Glenn County. |
| Child Abuse Treatment Program | The grant provides treatment services; assists victims in filing for crime victim compensation, provides criminal justice advocacy and support | This program will provide treatment services to any child victim of abuse, neglect, abandonment, and/or domestic violence. It is inclusive of disabled children and non-offending family members |
| Family Preservation & Support | Provides one-to-one case management with parents. Services include family self-sufficiency planning, in-home services, nutrition and parenting classes presented in a two-week life-skills series. | Approximately 75 families receiving CalWORKS funds are served. |
| Family Resource Center | Comprehensive services to strengthen child abuse prevention systems, families and employment structures. Programs also provide for respite childcare. | |
| Family Self-Sufficiency | Services to Section 8 clients to provide assistance in overcoming barriers to self-sufficiency such as developing employment, parenting and life skills while becoming self-sufficient. | |
| CalWORKs | Provides cash assistance to income-eligible families in need and operates a welfare-to-work program designed to promote economic self-sufficiency among people receiving public assistance. | 516 adults and 1,514 children received assistance in July, 1999, a reduction from the previous year's figures of 593 adults and 1,651 kids. This number had declined for the past three years. |

| Program | Description | Current Service Levels |
|--|--|---|
| Food Stamps | Provides stamps to income-eligible persons that can be used at participating grocery stores to purchase food. | In July 1999, there were 2,183 recipients of food stamps in the county. This was a significant decline from the July 1998 levels of 2,349 and continued a declining trend, as the number of recipient in July of 1997 was 2,856 .(CA Employment Development Department Labor Market information) |
| Child Protective Services | Investigates allegations of child abuse and neglect, obtains temporary custody of children when necessary for their protection. | There were 1006 referrals to Child Protective Services in 1999. For the one-month period ended May 31, 2000 there were 77 referrals. 32 (41.5%) were from the Orland area, while 30 (39%) were from the Willows area. The highest number of referrals was for general neglect (23), followed by physical abuse (15), and sexual abuse (11). |
| <u>LAW ENFORCEMENT</u> | | |
| Glenn County Sheriff's Department, Orland Police Department, Willows Police Department | Provides public safety services including patrol, response to calls for assistance, investigation of crimes, jail operation, promotion of neighborhood watch programs, child fingerprint program, and various other services. | Rate of violent crime is less than half of state average. 150 active gang members and associates, account for 1/3 of all violent crime. 16% of gang crime was violent crime including assault, rape, battery, or attempted murder. |
| <u>CHILD CARE AND CHILD DEVELOPMENT</u> | | |
| Women, Infants and Children (WIC) | Provides food vouchers for pregnant or breastfeeding women, infants and children under 5. Also provides nutrition education and medical referrals as well as other forms of direct assistance with basic needs for families with children. | In the past year WIC has handled 16,000 client contacts. |

| Program | Description | Current Service Levels |
|---|---|---|
| Local Child Care Planning Council | State-mandated group responsible for assessing child care needs in the community and planning and conducting activities that promote the development of quality childcare in the county. | The Council is not a direct service provider so no service levels can be reported. It is, however, an integral part of the childcare network within the county. |
| Head Start | Comprehensive, developmentally appropriate program for income-eligible children age 4 and 5. 10% of enrollment is reserved for children with special needs. Includes Home Based Program and part -Day Centers | 196 children were enrolled in Head Start in 1998-99 with 52 of the children enrolled for their second year. Averaged attendance ranged from 129 to 136 over a three-month sample period. Ethnicity of children includes 1 American Indian, 27 Asian, 1 African American, 78 Hispanic or Latino, 1 Pacific Islander and 68 Caucasian children. |
| Child Care Resource and Referral | Information service designed to help parents find childcare and to assist licensed childcare providers. Services are available to all parents and childcare providers in the county. | During the past year 859 requests were referred to providers. There are 64 providers in the referral bank with a maximum capacity of 508 spaces/slots. 500 families are currently on the waiting list. There are no Federal, State or County programs for after school care. |
| Childcare for Agriculture Related Employees | Day care services for children between ages of six weeks and 13 years coming from eligible families who earn at least 50% of their income from agriculture-related work in the county. Developmental activities, meals, and health and dental assessments are provided. | Only available in Hamilton City. |
| Subsidized Child Care | Programs that help subsidize the cost of child care for families that meet income and need requirements. | 1356 families were eligible for subsidized childcare in September 1999. Conversely, there were 2,536 families that were <u>not</u> eligible. |
| <u>RECREATION</u> | | |
| City of Orland, Willows and Hamilton City, National Parks. | Operates public parks, playgrounds, and pools. Provides summer recreation programs for youth and families. | Services vary by city and can include soccer, swimming, little league and other programs. |

| Program | Description | Current Service Levels |
|------------------------------|---|---|
| <u>TRANSPORTATION</u> | | |
| Glenn Ride | Administered by the Glenn County Transportation Commission and is based in the City of Willows. Provides local public transportation service from Willows to Chico six times a day Monday through Friday, and three times a day on the weekend. The route passes through Artois, Orland, and Hamilton City. The route does not connect with the rest of the County. | |
| <u>SPECIAL NEEDS</u> | | |
| Special Education | Provides speech and language therapy, early education services, physical therapy, and assistance with other service needs to infants, toddlers and preschool children having a disabling condition such as autism, hearing impairments, mental retardation, orthopedic impairment, learning disabilities, traumatic brain injury and serious emotional disturbance. | 30 children were diagnosed with a disability in Head Start classes last year as indicated below. Health impairment 4 Speech/language impairment 23 Mental Retardation 1 Orthopedic Impairment 1 Autism 1 |

Private Sector Services

There are few nonprofit organizations located within Glenn County that have a primary or secondary purpose of providing services to young children and their families. Two social service agencies that are available include the Orland Community Services Association and the United Way of Butte-Glenn Counties. Available private sector services based within the county are almost exclusively related to health care and child care services. Additional services are available in adjacent counties but require travel of 30 miles or more to towns such as Oroville, Chico or Red Bluff.

Non-governmental services located within the county that address needs of young children and their families are listed below, by type of service.

Health care:

- Glenn Medical Center
- Hamilton City Medical Center

- Northern Valley Indian Health Inc. Clinic
- Orland Family Health Center
- Willows Family Medical Clinic

Dental care:

- David Altman, DDS, Orland
- Thomas Iverson, DDS, Willows
- Orland Family Dentistry, Orland
- John Pierson DDS, Willows
- Wayne Syn, DDS, Orland
- Dennis Thodas, DDS, Willows
- Robert Weichers, DDS, Willows
- K. Whitaker, DDS, Orland

Child care:

- One private childcare center and the City of Orland Afterschool Recreation program, which are located in Orland.
- 17 total centers in the Child Care Center Referral Bank, including four for profit pre-schools, 10 public part day, part year center, three public full day, full year centers and no public full day, part year centers.

Provider and Civic Groups

Glenn County benefits from a number of councils, task forces and other on-going work groups made up of social service professionals, educators, and other interested members of the community. These groups provide a forum to share information, coordinate efforts, sponsor special events, and advocate for positive action on various issues. Groups meeting regularly that are involved with issues affecting young children and their families include:

Local Child Care Planning Council
 Gang Task Force Unit
 Child Family Resource Network
 Interagency Coordinating Council
 Advisory Council on Health and Nutrition Issues
 Glenn Communities Working Together
 Glenn County Children and Families Commission

In addition, several civic organizations exist in the county. Civic, social and fraternal organizations include Kiwanis, Lions, Elks, Soroptomists and Rotary. These organizations are not focused on addressing needs of children and families per se, but they provide forms of community service and may be a resource to assist with developing and implementing solutions for families.

Other Community Resources and Assets

The faith community is active in Glenn County, with a number of churches having participated in community needs assessment and planning activities. These churches are concentrated in the two largest towns with 17 in Orland, 18 in Willows, three in Capay and one in Hamilton City. Many of these churches offer some programs and services for children and families including child care, youth programs, counseling, and food and clothing assistance.

The Grindstone Indian Rancheria is a strong resource for persons of Native American descent. Programs and services include the Tribal Health Program, assistance with health care service applications and appointments, scheduling van transportation, health education classes, child care with funding for several in-home providers, and a child care resource library.

Although not a local community resource, it is important to note the assistance available from the statewide network of Children and Families Commissions. The State Commission has developed numerous materials and initiated media campaigns that benefit Glenn County, and will be investing millions of additional dollars each year in new projects that can directly or indirectly help the county.

The Proposition 10 Technical Assistance Center is a source for free access to highly qualified consultants and other materials to help with planning, program development, evaluation, and various other issues. Investments made by other County Children and Families Commissions can often be accessed and leveraged by Glenn County.

ANALYSIS OF GAPS

After analyzing all of the information gathered about community needs and available resources that support the needs of young children and their families, a core group of "gaps" became readily apparent. Gaps represent areas where either an identified need is not being met at all, or the existing level resources is significantly less than the level of need that has been identified. This section summarizes the major gaps identified in the assessment process. Gaps are represented in two parts. First, gaps associated with the availability or functioning of individual services are outlined. Second, gaps related to the overall system of services are listed.

Gaps in Individual Service Categories

- Health care providers: Needs have been identified for more primary care physicians and more access to specialists (particularly pediatricians and obstetricians/gynecologists).
- Health care facilities: A need exists for urgent care specialists and services or other means of accessing care for immediate health needs during after-hour and weekend periods when other health care facilities are closed.

- Dental care for children: The number of dentists who accept children, and especially those who accept Medi-Cal or Healthy Families coverage and have bilingual capabilities in their office, is extremely low and not close to meeting the level of need.
- Infant care: Infant care is barely available in the county.
- General child care capacity: The total number of child care slots is far below the number that is needed, whether viewing just the needs of the 0-5 age group or all children.
- Child care flexibility: Virtually all child care services that are available are limited to standard hours, such as 7:30 a.m. – 5:30 p.m. Very few options exist for off-hour care and almost no options exist for drop-in care or care for sick children.
- Preschools/early childhood education facilities: The number and location of preschools is much less than the need for quality early childhood education programs for children age 3-5. Most existing preschools, such as Head Start, are limited to families meeting income guidelines and exclude the majority of the population of the county. Services for children ages 0-3 is a tremendous need as well.
- Parent education services: The number of parents receiving parenting classes each year is far below it's potential, especially given the high level of interest in parenting skill development that has been expressed among respondents to recent multiple surveys.
- Transportation: The overall availability of transportation and quality of service is far below the need, particularly when it is combined as a barrier to accessing existing services.
- Parks and recreation programs and facilities: The existing parks and recreation facilities and programs do not appear to be meeting the needs of families with young children in terms of the number of areas, equipment provided, or access to activities, in part because of the transportation and cost associated with available programs.

A positive note is that in each instance, some levels of services are already available. This provides a base of infrastructure to build upon rather than having to develop entire new systems of services from the ground up. In addition, there are a number of areas where community consensus exists about needs, therefore paving the way for solution based interventions to make a real difference.

Gaps in the Overall Service Delivery System

Several issues should be highlighted that speak to the completeness and effectiveness of the overall system of services targeted to (or serving) young children and their families:

- The county operates virtually all services that exist in Glenn County itself. There are no social service nonprofit organizations and no community foundations within the county. This is not a problem per se, but creates a concern over excess reliance on state and federal funding, county budget decisions, and other factors.
- Many services are centralized in Willows or located outside the county in Chico. Limited services are available in Orland and Hamilton City, and virtually no services are available in other communities even on an occasional outreach basis. Given the difficulties with

transportation, child care and other needs, the current structure effectively cuts off access to services for certain families in all but emergency situations.

- State and federal regulations that limit their access to low-income persons or persons who meet other types of strict eligibility guidelines govern most existing services. Families that do not meet these guidelines and yet do not have large incomes are often unable to access many types of services. A number of parent survey respondents indicated that eligibility was a barrier to receiving services.
- People need more information about services that are available and assistance in gaining access to those services. Information must be communicated in a manner and language that speaks to specific populations. Access can include transportation and child care to allow utilization of services.

In closing, a number of important factors to consider when planning improvements to early childhood development services are:

1. Existing collaborative bodies have been developed for specific purposes such as gangs or health, and should be leveraged to enhance collaborative opportunities. This will include providing structure and coordination;
2. Existing agencies lack the time and staff resources to provide consistent, continuing coordination of agency and collaborative activities;
3. Existing parent education programs were identified as a much-needed and valuable resource. However, they need to be expanded for better utilization.
4. Existing services for families and children are fragmented, not seamless, nor do they provide for a system of care;
5. Previous needs assessments such as the Glenn County Child Care Study and the Gang Task force support community members' perceptions of their communities' needs; including increased access to services, increased recreational and after school activities, and the prohibitive cost of services;
6. Previous needs assessments have resulted in a number of recommendations that correspond with the Community Needs and Assets findings. A number of recommendations have been implemented (e.g., re-evaluation of Glenn Ride services for route changes, new vans for HRA, etc.). In other instances, recommendations were implemented but not able to be sustained for lack of funding. Some of these programs have received new funding and are beginning again.
7. Services are accessed from a variety of other communities, and the bundling of services through a collaborative approach may be of benefit to the county.

APPENDIX 3: CHRONOLOGY OF PLANNING ACTIVITIES

The strategic plan embodied by this document was developed through an open, community-based process that included 21 public meetings and hearings. Mailings, flyers, public notices, the local newspaper and presentations to community groups and other means were used to increase the level of public participation in the planning process. A one-page fact sheet was also developed and distributed to increase community awareness about Proposition 10 and the activities of the Children and Families Commission.

A chronology of the public meetings conducted during the strategic planning process is provided below. The meeting summaries contained here do not represent the entire agenda of each meeting, but rather indicate the progress made during the meeting toward the completion of the strategic plan. The timeline starts in February 2000, since this is when the strategic planning process started in earnest. Meetings of the Children and Families Commission held in 1999 were focused on organization, training and start up activities for the Commission. All meetings listed were Commission meetings except where otherwise noted.

| | |
|-------------------|---|
| February 15, 2000 | Established the process and timeline for development of the strategic plan, including identifying other community stakeholders to engage in the planning process. |
| February 23, 2000 | Reviewed configuration of Commission and created first draft of bylaws. Identified and collected list of pre-existing reports, studies, surveys and other information sources for use in the Community Needs and Assets Assessment. |
| March 21, 2000 | Began planning for the surveying the community to solicit input in the planning process. Discussed and revised Commission's bylaws related to terms and appointments. Began homework on mission, vision and guiding principles of the Commission. Initiated planning for town meetings to be held throughout the county to get input directly from parents. |
| April 4, 2000 | Scheduled focus groups for Hamilton City, Willows and Orland. Arranged for translation of flyers and surveys. Established calendar and distribution process for community surveys. Reviewed the initial compilations of results from the parent survey and provider survey. |

| | |
|----------------|---|
| April 18, 2000 | Reviewed and developed draft mission, vision and guiding principles statements. Adopted mission and vision. Reviewed and reviewed parent, provider surveys. Reviewed focus group flyer and finalized all preparation for focus groups and community participation via surveys. Reviewed the results of the final town meeting. Reviewed and approved the final report from the Community Assessment phase of the planning process. Agreed on the approach to use in developing goals and objectives. Approved final version of Bylaws and forwarded to county counsel for approval. |
| May 2, 2000 | Preliminary report out on provider and parent surveys. Reviewed and approved changes to guiding principles. Reviewed and responded to county counsels comments regarding bylaws. |
| May 16, 2000 | Final preparation for focus groups. Reviewed preliminary contents of Community needs and Assets based upon pre-existing documentation. Identified additional resources and assets to include in the community assessment report. |
| May 23, 2000 | Hamilton City Focus Group |
| May 24, 2000 | Willows Focus Group |
| May 25, 2000 | Orland Focus Group |
| June 7, 2000 | Final approval of bylaws as changed. Discussed results of focus groups. Distributed first draft of Community Needs and Assets with survey results incorporated. Identified gaps in report for future research efforts. |
| June 21, 2000 | Discussed revisions and additional research for Needs Assessment. Solicited community feedback on contents of Needs Assessment. Incorporated changes as needed. |
| July 5, 2000 | Began strategic planning by establishing goals and objectives based upon Community needs and Assets Assessment. |
| July 19, 2000 | Discussion and consensus on long term goals and established accompanying objectives. Began to develop strategies under the objectives. |

| | |
|--|--|
| August 9, 2000 | Conducted Public hearing on State Commission's Annual Report and Audit. Final approval of commission bylaws. Reviewed, added and prioritized draft Strategies. Discussed level of involvement and process for engaging identified stakeholders (Interagency Planning Council, Local Child Care Planning Council, and Communities Working Together) in review and/or further development of Strategies. |
| August 30, 2000 | Reviewed revisions to Community Needs and Assets Assessment. Update on external feedback on Goals, Objectives, and Strategies. |
| September 12, 2000 | Reviewed and revised strategies. Inserted strategic plan material into working draft of plan. Identified other outlet to pursue for feedback on strategies. Introduced a series of fund allocation issues for consideration. |
| September 9 - September 26, 2000- Community Outreach | Conducted outreach and solicited public feedback of strategies section of working draft from community partners and other stakeholders. Forwarded feedback to Commission and made changes to strategies section as directed. Prepared for review of the first draft of the complete strategic plan and the public input process to follow. |
| September 26, 2000 | Preliminary discussion and response to initial annual audit findings. Discussed results of fund development section homework, discussed preliminary community feedback on strategies and made changes to both sections as identified in the meeting. |
| October 10, 2000 | Held public hearing on first annual audit. Discussed the final results for the incorporation of community feedback on strategies, reviewed strategies section, identified final changes and approved section as discussed. Discussed fund allocation section, identified changes and approved section for inclusion in the working draft. Outlined timeline for public hearing of working draft, revisions and adoption of plan. |
| November 1, 2000 | Reviewed the first draft of the complete strategic plan, identified and incorporated changes to be made for publishing of final draft and finalized publicity efforts for the public input process. |
| November 28, 2000 | Public hearing on the proposed strategic plan and adoption of the plan by the Commission as amended. |

APPENDIX 4: DATA SOURCES USED IN THE REPORT

Listed below are various sources of information that were reviewed and incorporated into this report. For each information source, references are provided to indicate where the data was used in this report.

| Name of Document | Information Reviewed/Used |
|---|--|
| Butte and Glenn Child Death Review Team Child death reports for 1995, 1996, 1997 & 1998 | Safety |
| Glenn County Child Welfare Services/Case Management System. Monthly reports for May 2000. | Safety Trends |
| Glenn/Butte Fetal Infant Mortality Review Team – Issues and Recommendations 1999 (prioritized 2/29/00) | Health Trends |
| The Children of Glenn County Web page print out from Children Now – California Co. Data Book '99 | Demographics Family Economics, including rent, childcare, child support, WIC, and TANF Health Education Safety Glenn County rankings |
| Glenn County - An Economic and Demographic Profile Report by Center for Economic Development California State University, Chico | Geography Climate Demographics Labor market Income Transportation Housing Education Health Child Care |
| Rural Gang Initiative; Assessment of the Youth Gang Problem in Glenn County. Comprehensive report for purpose of addressing gang issues and securing funding. | Demographics Gang Crime data Agency/Organization telephone interviews Glenn County community survey Youth gang member personal interviews Key Leader telephone interviews |

| Name of Document | Information Reviewed/Used |
|---|---|
| Findings on unmet health needs of the children of Glenn County. Results of Advisory Council's meetings targeted specifically at identifying unmet needs for children prenatal to 5. | Nine specific areas with some elaboration re: further clarification or suggested action steps to improve outcomes. |
| Glenn County Office of Education Dept. of Child and Family Services Brochure | Information on services and providers used to develop provider survey lists and cross reference with other sources. |
| Glenn County Department of Child and Family Services Community Resource Directory Booklet | Resource list and contact information for: Child Care/Preschool Children's Services Community Coordination (Chambers) Counseling/Support Groups/Crisis Disability Services Education Emergency/Emergency Assistance Employment and Training Financial Assistance Government Services Health Housing Law Enforcement Legal Services Recreation Senior Citizens Substance Abuse Treatment Transportation Veterans and Military |
| Data Collection Report for Glenn County Child Care Resource Referral and Payment Program. Program report printout (as of 2/18/00) | Statistical data from 7/99 through 1/00 |
| Project Head Start 1998-1999 Annual Program Information Report. Document printout | Statistical data re: program providers and consumers. Covering: Staff Volunteers Classroom information Enrollment and attendance information Ethnicity Language (dominant) Kindergarten Child turnover |

| Name of Document | Information Reviewed/Used |
|--|---|
| | Health Services information Family Information Services for children with disabilities Transition activities |
| Long Range Child Care Plan for Glenn County. Local Child Care Planning and Development Council report. | Background Mission Composition/structure Council activities 1995/96 Data collection and analysis Work plan with goals and objectives |
| Glenn County Office of Education 1999-2000 Directory/information booklet | Contact information for Dept. of Education Programs/services (including child and family, special education, etc.) Individual school districts, contains enrollment data for the individual schools. Used to conduct Town Meetings. |
| California Department of Education, "STAR State Summary Report for SES | Standardized Testing and Reporting program for Glenn County |
| City of Orland parks Department Brochure | Parks and Recreation description, facilities and fees |

WEB SITES WITH RELEVANT DATA:

California Department of Education: <http://data1.cde.ca.gov>

California County social and economic data: www.calmis.cahwnet.gov

California Children and Families First Commission: www.ccfc.ca.gov

California Children Now Report 1999: www.childrennow.org

Select Statewide Data from the official State website: www.ca.gov

Center for Economic Development, CSU, Chico: www.csuchico.edu/cedp

Glenn County profile: www.dof.ca.gov

APPENDIX 5: PARENT SURVEY RESULTS

This appendix contains the results of a survey conducted during May 2000, targeted to parents of young children seeking input on needs, barriers to accessing services, and desired services. A total of 192 responses were received to the survey. Not all persons answered each question, so some questions reflect a lower response rate.

Tell Us About You and Your Family

1. Your gender:

Male – 14 (9.4 %) Female – 126 (84.6 %) No Answer – 9 (6.0%)

2. Zip Code of your residence (respondents answered by zip code, so applicable towns are listed by zip code:

| | |
|---|-------------|
| Orland, Newville (95963) | 59 (40.41%) |
| Willows, Fruto (95988) | 57 (39.04%) |
| Hamilton City (95951) | 3 (2.05%) |
| Elk Creek, Grindstone Creek Rancheria (95939) | 2 (1.37%) |
| Butte City, Afton (95920) | 1 (0.68%) |
| Chico, Butte Creek (95928) | 1 (0.68%) |
| Colusa (95932) | 1 (0.68%) |
| Princeton, Codora (95970) | 1 (0.68%) |
| Cohasset, Nord (95973) | 1 (0.68%) |
| Corning (96021) | 1 (0.68%) |
| Los Molinos (96055) | 1 (0.68%) |
| Unknown | 18 (12.33%) |

3. Please indicate your ethnicity:

| | |
|--|-------------|
| African American | 0 (0 %) |
| Caucasian | 72 (53.33%) |
| American Indian | 3 (2.2%) |
| Asian-American/Pacific Islander | 3 (2.2%) |
| Latino/Chicano/Hispanic | 50 (37.01%) |
| Other (Chinese, Hmong, Hungarian Irish, Italian, Portuguese) | 7 (4.4%) |

4. **Your age in years:** Average age of respondents was 35 years old.
Breakdown by age group:

| | |
|-------------|------------|
| Age 21 – 29 | 40 (29.9%) |
| Age 30 – 39 | 54 (40.3%) |
| Age 40 – 49 | 32 (23.8%) |
| Age 50+ | 8 (6%) |

5. **How many children live in your household?** Average of 2.47 children.
Profile by age:

| | |
|--------------------------------------|-------------|
| Have at least one child age 0 – 5 | 118 (33.9%) |
| All children are age 6 – 18 | 216 (62.%) |
| No children / children older than 18 | 24 (6.0%) |

6. **Do any of your children have special needs?**

Yes – 56 (34.4%) No – 107 (65.6%)

Type of needs:

| | |
|---------------------|----|
| Learning challenges | 22 |
| Physical challenges | 3 |
| Other | 10 |

7. **Are you currently pregnant, or expecting a child?**

Yes – 5 (3.5%) No – 136 (96.5%)

8. **How many years of school did you complete?**

Highest level of educational attainment:

| | |
|---------------------------------------|------------|
| Through 8 th grade or less | 11 (6.7%) |
| Some high school | 10 (6.1%) |
| High school diploma / GED | 65 (39.6%) |
| Some college | 43 (26.2%) |
| Vocational/technical school | 8 (4.9%) |
| College bachelor's degree | 15 (9.1%) |
| College graduate degree | 12 (7.3%) |

9. What language do you primarily speak at home?

| | |
|---------|------------|
| Spanish | 44 (31.4%) |
| English | 94 (67.2%) |
| Hmong | 2 (1.4%) |

10. Are you employed?

| | |
|---------|------------|
| Yes | 95 (63.8%) |
| No | 48 (32.2%) |
| Unknown | 6 (4.0%) |

11. Who provides day care for your child / children?

| | |
|--------------------------------|------------|
| Total responses | 74 |
| Licensed home-based child care | 21 (28.4%) |
| Child care center | 8 (10.8%) |
| Adult family member | 28 (37.8%) |
| Friend or neighbor | 7 (9.5%) |
| Other | 6 (8.1%) |
| Self | 4 (5.4%) |

12. Do you have health insurance?

Yes – 114 (76.5%) No – 28 (18.8%) No response – 7 (4.7%)

Note: all percentages computed as a percent of those parents with insurance

If yes, type of health insurance plan you are covered under:

| | |
|------------------------|------------|
| MediCal | 45 (39.5%) |
| Healthy Families | 0 (0%) |
| Private insurance | 61 (53.5%) |
| VA / military plan | 1 (0.9 %) |
| Blue Cross/Blue Shield | 5 (4.4%) |
| Other (work) | 2 (1.7%) |

Does your insurance cover:

| | | |
|----------------|------------------|-----------------|
| Dental care? | Yes – 92 (80.7%) | No – 22 (19.3%) |
| Vision care? | Yes – 93 (81.6%) | No – 21 (18.4%) |
| Prescriptions? | Yes – 106 (93%) | No – 8 (7%) |

13. **Do your children have health insurance?** Yes – 118 (75%) No – 18 (22%)

Note: all percentages computed as a percent of those children with insurance (n = 136)

If yes, type of health insurance plan your children are covered under:

| | |
|--------------------|------------|
| MediCal | 55 (44%) |
| Healthy Families | 7 (4.1%) |
| Private insurance | 46 (33.8%) |
| VA / military plan | 2 (1.5%) |
| Other | 5 (3.7%) |
| Unknown | 21 (15.4%) |

Does your children's insurance cover:

| | | |
|----------------|-------------------|-----------------|
| Dental care? | Yes – 98 (72.1%) | No – 38 (27.9%) |
| Vision care? | Yes – 90 (66.2%) | No – 46 (33.8%) |
| Prescriptions? | Yes – 109 (80.1%) | No – 27 (19.9%) |

Tell Us About Your Family's Needs

14. **What are the biggest problems or challenges affecting the well-being of your young children (age 0 – 5)?**

| Item | <u># Identifying</u> |
|---|-----------------------------|
| Child care availability, appropriateness | 35 |
| Need recreation programs, extracurricular activities, play groups | 32 |
| Poverty/cost of living/finances | 29 |
| Drugs | 29 |
| Transportation/rural issues | 23 |
| Parent education and skills development/vocation | 23 |
| Gangs | 21 |
| Health / dental care access and availability (dental and pediatrician noted as most pressing needs) | 18 |
| Structured home environment | 15 |
| Medical / dental insurance | 15 |
| Education about special needs children | 12 |
| Safety | 11 |
| Violence | 10 |

| | |
|---|---|
| Preschool availability and affordability | 9 |
| Language | 7 |
| Structured school environment | 7 |
| Lack of child essential tools such as clothes, books, toys, materials | 5 |
| Nutrition | 5 |
| Peer Pressure | 4 |
| Environment | 4 |
| Exposure to poor role models/older kids | 3 |
| Lack of local services | 3 |
| Hygiene | 3 |
| Abuse between children | 2 |
| Nurturing | 1 |
| Youth employment opportunities | 1 |

15. What are the biggest problems or challenges affecting you as a parent?

| Item | <u># Identifying</u> |
|--|-----------------------------|
| Jobs/unemployment/low income jobs | 26 |
| Lack of quality time with children/family stress | 23 |
| Child care subsidies or financing | 21 |
| Lack of health care services (doctors, emergency, pharmacy) | 15 |
| Child care access, costs | 15 |
| Parent education and support | 14 |
| Connection / access to community services | 11 |
| Quality/affordable housing | 10 |
| Being a single parent | 8 |
| Cost of services | 7 |
| Transportation | 6 |
| Parental Rights | 5 |
| Child care provider proficiency | 5 |
| Need more flexible child care/sick/evenings/full day | 4 |
| Falling through eligibility gaps for services | 4 |
| Not enough play areas, play groups, extracurricular activities | 3 |
| Services for working parents | 2 |
| Language barriers, language education | 2 |
| Communication between parents and service providers | 2 |
| Stigma for accessing low income services | 2 |
| No access to services because undocumented | 1 |
| Affordable health insurance for parents | 1 |
| School quality | 1 |
| Abuse | 1 |

16. **Listed below are a series of issues that may affect young children and families. On a scale of 1 to 5, with 1 being "not a problem or challenge " and 5 being "very large problem or challenge", please identify how significant each issue is for your household.**

| | <u># Responses</u> | <u>Avg. Rating</u> | <u># Rated as 5</u> |
|---|--------------------|--------------------|---------------------|
| Access to health / medical care for you | 100 | 3.0 | 26 |
| Access to health / medical care for your children | 153 | 2.1 | 21 |
| Access to dental care for your children | 158 | 2.4 | 29 |
| Access to affordable child care | 158 | 2.7 | 36 |
| Ability to get enough food for the family | 155 | 1.9 | 12 |
| Ability to get adequate housing for the family | 136 | 2.5 | 23 |
| Parenting skills, need for parenting education | 162 | 2.2 | 26 |
| Drug and/or alcohol abuse | 152 | 2.6 | 19 |
| Fighting / violence in the home | 152 | 1.7 | 13 |
| Transportation to reach jobs or services | 156 | 2.0 | 24 |
| Ability to read to / with children | 158 | 1.6 | 10 |
| Toys and other play options for children | 155 | 1.9 | 15 |
| Learning about community resources | 156 | 2.2 | 22 |
| Access to mental health services | 150 | 1.7 | 11 |

17. **What other issues, problems or challenges facing unborn children, children age 0-5 or families with young children should the Glenn County Children and Families Commission try to address?**

| Item | <u>#</u> |
|--|---------------------------|
| | <u>Identifying</u> |
| Language and literacy barriers for parents | 10 |
| Cost of services | 5 |
| Transportation | 4 |
| Stigma/Fear of government intervention | 4 |
| Rural isolation | 3 |
| Waiting Lists for services | 3 |
| More information about need for services | 3 |
| Cost of living | 1 |
| Lack of insurance | 1 |
| Affordable preschool choices | 1 |
| Need more jobs/living wages | 1 |

Tell Us How to Improve Services to Meet Your Family's Needs

18. Listed below are various existing services for young children and families that are available in Glenn County. Please identify all of the services that you are familiar with, meaning all services that you have heard about and have a general understanding of what they are.

| | |
|--|------------|
| Medi-Cal | 96 (64.4%) |
| Healthy Families | 65 (43.6%) |
| Head Start | 97 (65.1%) |
| Food stamps | 94 (63.1%) |
| State preschool | 45 (30.2%) |
| Prenatal care | 77 (51.7%) |
| Child Protective Services | 83 (55.7%) |
| Parent Education | 63 (42.3%) |
| Migrant Education | 45 (30.2%) |
| Women, Infants and Children (WIC) | 92 (61.7%) |
| Child care resource & referral | 64 (43.0%) |
| Child care subsidies | 46 (30.9%) |
| Childcare for Agriculturally Related Employees | 18 (12.1%) |
| Special education | 56 (37.6%) |
| CalWORKs | 56 (37.6%) |
| Alcohol and Drug Services | 67 (45.0%) |
| Mental Health Services | 74 (49.7%) |
| Public Health Services | 73 (49.0%) |

19. Listed below are possible barriers to using available community services. On a scale of 1 to 5, with 1 being "not a barrier " and 5 being "very large barrier", please identify how significant each item is for your household.

| | <u># Responses</u> | <u>Avg. Rating</u> | <u># Rated as 5</u> |
|--|--------------------|--------------------|---------------------|
| Not enough information about services | 141 | 2.7 | 32 |
| Accessibility | 131 | 2.5 | 21 |
| Cost is too high | 134 | 2.9 | 42 |
| Application process is difficult | 137 | 2.5 | 20 |
| Not eligible for services | 128 | 3.4 | 52 |
| Transportation / can't get to services | 137 | 2.0 | 17 |

| | | | |
|---|-----|-----|----|
| Service providers don't speak my language | 130 | 1.8 | 17 |
| Services are not sensitive to our culture | 131 | 1.8 | 14 |
| Don't want to use government services | 135 | 1.8 | 21 |

Please list any other barriers you face in using available services:

| Item | <u>#</u> |
|---|-----------------|
| Identifying | |
| Do not qualify for services/eligibility | 13 |
| Not enough information is available about services | 7 |
| People in charge of services and the application process seem intimidating / unapproachable | 4 |
| Services are not offered locally | 2 |
| Documentation of legal status is required | 1 |
| Services not open / available on weekends or evenings | 1 |
| Little assistance for seasonal employees | 1 |
| Need more day care | 1 |

20. How can we make services more accessible or useful to you?

| Item | <u>#</u> |
|--|-----------------|
| Identifying | |
| More information / publicity about services | 18 |
| Provide transportation / longer hours for transportation | 9 |
| Expand or eliminate qualification criteria for programs / services | 8 |
| Make services available on expanded hours (weekends, evenings) | 8 |
| Bilingual culturally sensitive professional assistance | 7 |
| Local or mobile services (available in each community) | 5 |
| Offer services on a sliding fee scale / lower cost | 4 |
| Increase funding for services | 2 |
| Improve communication with service providers and families | 2 |
| Cut administrative expenses | 1 |
| Centralized application/qualification process | 1 |

APPENDIX 6: PROVIDER SURVEY RESULTS

Profile of Respondents

| | | |
|----------------------------|---|-----|
| Dentist/pediatric dentist | 2 | 17% |
| Pediatrician | 2 | 17% |
| Faith Community | 2 | 17% |
| Nurse/midwife | 2 | 17% |
| Education | 2 | 17% |
| Other health care provider | 1 | 8% |
| Children/family services | 1 | 8% |

| | | | |
|-------|----|------|--|
| Total | 12 | 100% | Note: 5 of 12 respondents were service providers from outside Glenn County |
|-------|----|------|--|

1. Programs and Services

Head Start, Maternal & Child Adolescent Health, Immunization Clinics, Prenatal Outreach & Education, Perinatal Services, Day Care, Resource & Referral, Dental Clinic, Family Planning, Ophthalmology, Pediatric Services, Family Practice, Child and Family Services, Education, Healthy Families, Center Based Toddler Program, Child Care Nursery School, Parenting Classes, Counseling, Referral, Cooperative Pre-school, CHDP provider

2. Languages

| | | |
|-----------------------|----|--|
| English only | 4 | |
| Spanish only | 0 | |
| Both English /Spanish | 6* | *Two additional providers indicate Spanish speaking ability for scheduling but not for direct service provision. |
| Hmong | 4 | Glenn medical center ER is frequently staffed by internists who have limited if any pediatric training |

3. Health Care Adequacy

| | | |
|-------------|-----|--|
| Yes | 1 | Rationale: None given |
| | 14% | |
| No | 6 | Rationale: People in Orland/Hamilton City need dental care. Lack of transportation (2) Baby, toddler, preschool not fully available No full time pediatrician, Aware of many unmet health needs not enough child behavioral services/psychologists, |
| | 86% | |
| no response | 5 | |

4. Top Health Care Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|---|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Birth Control | 1 | 1.0 | 1 | | |
| Asthma/Allergy | 1 | 2.0 | | 1 | |
| Transportation | 3 | 2.0 | 1 | 1 | 1 |
| Accessibility | 1 | 1.0 | 1 | | |
| People to provide care/specialists | 1 | 1.0 | 1 | | |
| Dental health | 1 | 1.0 | 1 | | |
| Parent education related to what to look for in kids | 1 | 2.0 | | 1 | |
| Infant care to encourage teens to finish education | 1 | 1.0 | 1 | | |
| Better teen education about family planning | 1 | 2.0 | | 1 | |
| Preventative Care | 1 | 1.0 | 1 | | |
| Nutrition | 1 | 1.0 | 1 | | |
| Awareness/Obesity | | | | | |
| Housing/overcrowded | 1 | 1.0 | 1 | | |
| Head Lice | 1 | 3.0 | | | 1 |
| Services for Children with Disabilities | 1 | 3.0 | | | 1 |
| Immunizations up to date | 1 | 3.0 | | | 1 |

5. Barriers to Health Care Access

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Transportation / location | 9 | 1.3 | 7 | 1 | 1 |
| Finances/poverty | 2 | 2.0 | 1 | | 1 |
| No pediatricians in Glenn | 1 | 1.0 | 1 | | |
| Language | 4 | 2.3 | | 3 | 1 |
| Understanding its necessary for kids | 2 | 3.0 | | | 2 |
| Finding care/Insufficient # of properly trained health care providers | 2 | 2.5 | 1 | 2 | |
| Fear of INS, fears that using services will jeopardize applications for citizenship | 1 | 3.0 | | | 1 |

6. Top Health Care Strengths

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Primary health care from outside county is available and of higher quality | 1 | 1.0 | 1 | | |
| Specialty health care from Chico | 1 | 2.0 | | 1 | |
| Many caring people/agencies working together | 2 | 1.0 | 2 | | |
| Transportation | 2 | 2.5 | | 1 | 1 |
| Programs are in centrally located places and well publicized | 1 | 3.0 | | | 1 |
| Medical community is aware of needs and seeks to meet them | 1 | 1.0 | 1 | | |
| Orland Family Clinics helps many | 1 | 1.0 | 1 | | |
| Schools/education | 1 | 2.0 | | 1 | |
| Having CNM's at Glenn General for prenatal care | 1 | 1.0 | 1 | | |
| Local or close providers | 1 | 1.0 | 1 | | |
| Applying CHDP program/Healthy Families | 1 | 1.0 | 1 | | |
| Vaccines for Children Program (VCF) | 1 | 1.0 | 1 | | |

7. Child Care Adequacy

| | | |
|-------------|----------|--|
| Yes | 3 38% | Rationale: R and R is great Child Care Resource and Referral has a local impact |
| No | 5 63% | Rationale: It's adequate for those in child care, but not top of the line and there are some not included. Child care availability re: # of care givers, cost, quality of care, especially for part-time care in all areas to help prepare to work. |
| No response | 1 | More needed especially for low and no income families. |
| Don't Know | 4 | Besides offering in-home daycare to families w/children age 0-5 No center based facility offering prenatal care for 0-18 months. |

8. Top Child Care Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|---|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| More available child care slots / facilities (including infant care and preschool setting for children age 3-4) | 5 | 1.8 | 2 | 2 | 1 |
| Affordable day care for those who don't qualify for Head Start and other subsidized services | 2 | 1.5 | 1 | 1 | |
| Greater flexibility in hours, longer hours, early / late hours | 5 | 2.0 | 1 | 3 | 1 |
| Higher quality of child care / better curriculum for child development | 2 | 2.0 | 1 | | 1 |
| More respite care for ill children | 2 | 1.5 | 1 | 1 | |
| Infant care | 2 | 1.5 | 1 | 1 | |
| In more locales so using it is not a time or transportation burden | 1 | 3.0 | | | 1 |
| Parent education about positive child care | 1 | 1.0 | 1 | | |

9. Barriers to Child Care Access

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|---|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Cost | 3 | 1.3 | 2 | 1 | |
| Education/awareness of lack of services | 2 | 2.5 | | 1 | 1 |
| Transportation | 3 | 1.7 | 1 | 2 | |
| Finding child care | 2 | 1.5 | 1 | 1 | |
| Hours of day care providers | 1 | 1.0 | 1 | | |
| Language | 1 | 1.0 | 1 | | |
| Getting lost in the system | 1 | 2.0 | | 1 | |
| Waiting lists are too long | 1 | 3.0 | | | 1 |

10. Top Child Care Strengths

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|---|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Capacity Building grant to increase child care providers | 1 | 1.0 | 1 | | |
| Child Care Resource and Referral services | 1 | 1.0 | 1 | | |
| Adequate services for children ages 3-5 | 1 | 1.0 | 1 | | |
| Families provided services form Family Resource Assistant | 1 | 2.0 | | 1 | |
| Family education on parenting/family issues | 1 | 3.0 | | | 1 |
| Agencies working together | 1 | 1.0 | 1 | | |
| Commitment to kids | 1 | 2.0 | | 1 | |
| Head Start | 1 | 1.0 | 1 | | |

11. Early Childhood Development Adequacy

| | | | | | |
|-----------|-----|------------|--|--|--|
| Yes | 1 | Rationale: | Great Head Start/State preschool programs but need more available for middle income. | | |
| | 17% | | | | |
| No | 5 | Rationale: | Need facility such as Far Northern Regional Center to assess physical/social development needs. Attachment theory, human development theory should be taught. There are services/facilities but aren't considered adequate. Children with deficits in all areas. If TV's could be turned off, supply them with books to read. Increased # of developmental specialists, particularly for children with developmental/behavioral problems. We are not truly serving the 0-3 population. | | |
| | 83% | | | | |
| No answer | 1 | | | | |

12. Top Early Childhood Development Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|-------------------------|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Less TV, Video, Pokemon | 1 | 1.0 | 1 | | |

| | | | | | |
|---|---|-----|---|---|---|
| Moral, Social, behavioral, intellectual stimulation and development programs for parents and their children | 2 | 1.5 | 1 | 1 | |
| Basic health habits, cleanliness, dental care, health care | 1 | 2.0 | | 1 | |
| Behavioral management | 1 | 1.0 | 1 | | |
| Special education for 0-3 | 1 | 3.0 | | | 1 |
| Language development, both English and basic language skills | 1 | 1.0 | 1 | | |
| Nurturing, stable parents | 1 | 1.0 | 1 | | |
| Parent mentoring (young parents) | 1 | 3.0 | | | 1 |

13. Barriers to Addressing Early Childhood Development Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Lack of education about child development | 1 | 1.0 | 1 | | |
| Parents lack of education | 2 | 1.0 | 2 | | |
| Parents lack of time, energy and resources for kids | 1 | 2.0 | | 1 | |
| Language/translation of services | 3 | 1.3 | 2 | 1 | |
| Limited services for 0-3 | 1 | 2.0 | | 1 | |
| 8-5 hours, not addressing weekend and evening hours | 1 | 3.0 | | | 1 |
| Need for ongoing support and encouragement | 1 | 3.0 | | | 1 |
| Transportation | 1 | 2.0 | | 1 | |
| Collaboration with preschool and school for school readiness | 1 | 1.0 | 1 | | |

14. Top Strengths of Early Childhood Development Services and Facilities

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Rural setting is an asset | 1 | 2.0 | | 1 | |
| Clean air (except during rice burning) | 1 | 3.0 | | | 1 |
| Head Start and State Preschool | 1 | 1.0 | 1 | | |
| Many health services available | 1 | 2.0 | | 1 | |
| Home help for Hispanic Mothers | 1 | 3.0 | | | 1 |
| Preschool services for 3-5 | 1 | 1.0 | 1 | | |
| Continually growing services | 1 | 1.0 | 1 | | |
| Collaboration between agencies | 1 | 2.0 | | 1 | |
| Commitment to Kids | 1 | 3.0 | | | 1 |

15. Parenting Support Adequacy

| | | | |
|-----------|----------|------------|---|
| Yes | 4 50% | Rationale: | Programs are available and being advertised, parents just need to look for these services. |
| No | 4 50% | Rationale: | Improving but not adequate for Hmong and Hispanic. Most families with problems get referred to Chico for services. Some facilities need improvement. Many people travel to Butte for high quality services. |
| Unknown | 2 | | The main problems appear to be reaching and stimulating |
| No answer | 1 | | to action the "responsible" adults. |

16. Top Parent Education and Support Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|---------------------------------------|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Birth control and child spacing | 1 | 1.0 | 1 | | |
| Awareness of adverse effects of media | 1 | 2.0 | | 1 | |

| | | | | | |
|---|---|-----|---|---|---|
| Substance abuse including alcohol and tobacco cessation efforts | 1 | 3.0 | | | 1 |
| Parenting for teen parents, "how to nurture" | 1 | 1.0 | 1 | | |
| Support Needs, mental health services | 1 | 2.0 | | 1 | |
| Anemia prevention/prenatal education | 1 | 3.0 | | | 1 |
| Skills | 1 | 1.0 | 1 | | |
| Jobs that allow times and resources to spend with kids | 1 | 2.0 | | 1 | |
| Diet/obesity | 1 | 1.0 | 1 | | |
| Parenting skills workshops | 1 | 2.0 | | 1 | |
| Healthy Child Classes | 1 | 3.0 | | | 1 |
| Effect of 2nd Hand Smoke | 1 | 3.0 | | | 1 |

17. Barriers to Accessing Parent Education and Support Services

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Telephone service | 1 | 1.0 | 1 | | |
| Transportation | 2 | 2.0 | | 2 | |
| Financial | 1 | 3.0 | | | 1 |
| Child care during parenting education | 1 | 3.0 | | | 1 |
| Own lack of education and skills | 1 | | 1 | | |
| Lack of time, energy and resources | 1 | 2.0 | | 1 | |
| Low income services \$ (funding for extra services) | 1 | 1.0 | 1 | | |
| Language/translation | 2 | 1.5 | 1 | 1 | |
| Accessibility/ time and day versus work schedule | 1 | 3.0 | | | 1 |
| Lack of counseling | 1 | 1.0 | 1 | | |
| Drugs and Addictions | 1 | 1.0 | 1 | | |
| Providing long term personal support to encourage families is costly and difficult | 1 | 2.0 | | 1 | |

18. Top Strengths of Parent Education and Support

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | |
|--|------------------|---------------------|-------------------------|---|---|
| | | | 1 | 2 | 3 |
| Many positive efforts | 1 | 1.0 | 1 | | |
| Cooperative Agencies and support | 2 | 1.5 | 1 | 1 | |
| Juvenile Justice Commission and other networks | 1 | 3.0 | | | 1 |
| Department of Child and Family Services | 1 | 1.0 | 1 | | |
| Family Resource Assistants | 1 | 2.0 | | 1 | |
| School Nurses | 1 | 1.0 | 1 | | |

19. Other Unmet Needs or Challenges

| Item | # Identifying |
|--|------------------|
| Hmong population/Hispanic population obtaining GED | 1 |
| Quality Low income housing | 2 |
| Transition from preschool to elementary school | 1 |
| Follow up health services | 1 |
| Lack of dental resources | 1 |
| Lack of breast feeding resources | 1 |
| Willows, "the hub of Glenn County" is dying. | 1 |
| High unemployment | 1 |
| Teach better hygiene to children and parents | 2 |
| Drug Use | 1 |

20. Overall Assessment - Most Pressing Service Needs

| Item | # Identifying | Average Priority | <u>Priority Ranking</u> | | | | |
|---|------------------|---------------------|-------------------------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| Too many kids having kids (teen pregnancy) | 2 | 1.0 | 2 | | | | |
| Single Parent families | 1 | 2.0 | | 1 | | | |
| Poor child spacing | 1 | 3.0 | | | 1 | | |
| Substance Abuse | 1 | 4.0 | | | | 1 | |
| Language/cultural barriers | 1 | 5.0 | | | | | 1 |
| Good quality urgent care for children | 1 | | 1 | | | | |
| Helping families achieve income for a decent standard of living with meaningful work | 1 | 3.0 | | | 1 | | |
| Parent education and support | 5 | 2.0 | 2 | 2 | | 1 | |
| Health/mental health services (including access to prenatal care) | 4 | 2.3 | | 3 | 1 | | |
| 0-3 services | 1 | 1.0 | 1 | | | | |
| Child Care (including at high school so teen parents can graduate) | 4 | 3.0 | | 2 | 1 | | 1 |
| Transportation | 1 | | | | | 1 | |